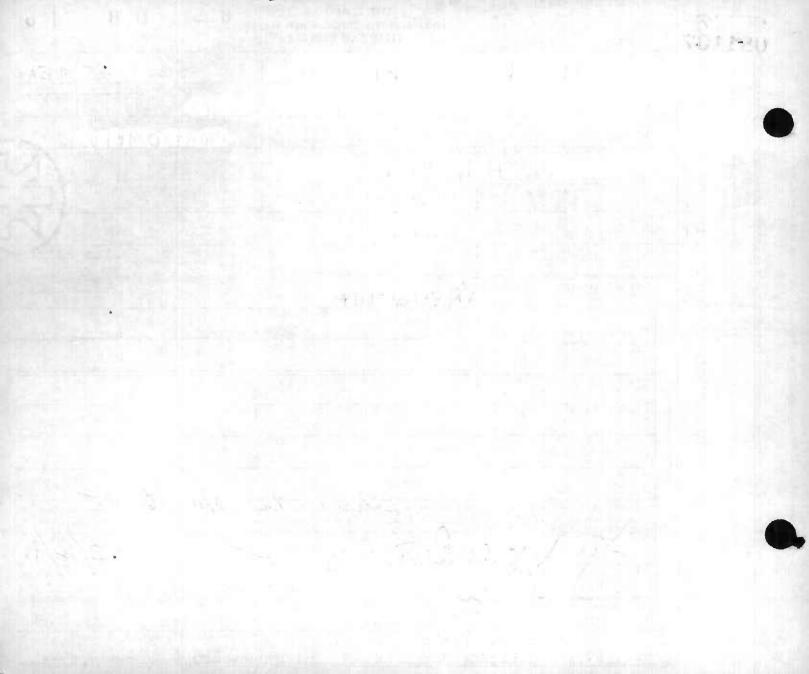
BP.

DHMH - 16 60M 7/ (VRA 15, 4)

37	1.	FOR STATE REGISTRAR	DEPAR	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH		0	8 /	4 6
	I. DE	CEASED NAME FIRST	MIDDLE	L/	127	REG 20 DATE OF DEATH		DAY YEAR	2b. HOUR
	(146)	Theodo	ossia (NMI)	Abı	amides		3-	16-85	9:45AM
	3 SE	Х	4. RACE	5. DATE O		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female	Caucasian	July	27, 1903 EAR	81	YRS.	MONTHS DAYS	HOURS MIN.
511		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARDIET	NEVER MARRIED	9 BALLIMORE CITY	OR COUNT	Y OF DEATH	
71	T	urkey	United State	S WIDOWE	DIVORCED		ery C	ount v.	MD.
18	S:	ilver Spring	Holy Cross	Hospit		120 USUAL OCCUP.	ATION STOF WORKING L		F BUSINESS OR
36	USU 130 M a	at residence (if hursing home) STATE 136 COU	or other institution give esidence BERGINTY SILVE	ore admission) over Spr	134 INSIDE CITY LIMITS?	13e.STREET ADDRES 2301 G1	s / zip cod en Al	70	906 enue
160	14 F/	ATHER'S NAME FIRST UNKNOWN	MIDDLE LAST Kirpog	lou	15. MOTHER'S MAIDEN NA			LAS	
dico		WAS DECEASED EVER IN U.S. AF		CURITY NO.	17 INFORMANT (SC	n) ADI	RES 230	1 Glen	Allen
He H		No N/		-1254	Takis Abra				
ny injury, or ather traumatic ev	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEO  (b)  DUE TO, OR AS A CONSEO  (c)  CONDITIONS CONTRIBUTING TO	OUENCE OF		MINAL DISEASE OR CC		VEN IN PART TO	
3	TIFIC	The BATE OF CHERNION	The condition of which	LITOTERATION	WAS FERI ORMED	YES NOTE	IN CERTI	FYING CAUSES	OF DEATH?
tem 18 %		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINE)	ATH HOUR A.M. MONTH	DAY YEAR	21a. HOW INJURY OCCUR		JURY IN ITEM 18	PART 1 OR PART 2)	
marked or 1	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	E. FARM, ETC )	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
them 21 is mo		sow the deceased alive of obove, (I) (we) (did) (Vid no	of view the body after death	&S, oh	d that in (my) (our) opinion	death occurred on the	date and ha		that (I) (we) last
MPORTANT: If Ber		226. SIGNATURE  226. PHYSICIAN'S NAME (1998)	Merendi	i Gu	ATTENDING PHYSICIAN !	MEDICAL ST	AFF SICIAN [	22c. DATE S	16/15 aryland
APOR		John J.	Merendino		11620 Kemp	Mill Ro	ad, S:		
	(	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	19,1985 C	ypress	METERY OR CREMATORY Hills	23d LOCATION CITY OR TOWN Brook		Nev	
7/84	24 FL	UNERAL DIRECTOR Robe	ert A. Pumphr	ey Fur	clul	TE REC'D. BY REGISTRA	R 25b. REGIS	TRAR'S SIGNATU	JRE
	Ho	omes, P.A. H	Bethesda, Mar	vland	NIA	K 2 0 1985		massy-Ma	modelle.



	1 -	FOR STATE		DEPARTI	MENT OF HEA	F MARYLA	MENTAL HYG		()	0 /	4 (
-	1 DE	REGISTRAR CEASED NAME	FIRST	MIDDLE	LAST			2g. DATE OF DEAT	S. NO.	DAY YEA	2b. HOUR
25		OR PRINTS	RIE ELLE	Ŋ	ADAM	1S		MARC		1985	7:
	3. SE		4 RACE		5. DATE OF	BIRTH	2017.01	6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 Y	
111		FEMALE	W	hite	MONT 5	31	1,0,	74	Y	RS MONTHS: DI	YS HOURS
ort ro		RTHPLACE (STATE OR FO COUNTRY)		OF WHAT COUNTRY?	MARRIED WIDOWED		ARRIED D	9. BALTIMORE CI		INTY OF DEATH	
3 24 8		TY OR TOWN OF DEAT	H 11. NAME	OF HOSPITAL, NURSIN	IG HOME OR	112		12a. USUAL OCCU			D OF BUSINE
13/20/		OLNEY		ntgomery Ge		Josnit.	2]	Housew			n Home
13 11/	USU.	AL RESIDENCE (# NURSIN	IG HOME OF OTHER INSTITU	JTION GIVE RESIDENCE BEFOR	E ADMISSION)			13e STREET ADDRI			не нежне
			Montgomer			Id. INSIDE CI	NO I	5001 Ru		Pond (	20853
1 11 1		THER'S NAME			-	MOTHER'S	MAIDEN NA	ME		Moad 2	
1 1/13/		FIRST	MIDDLE T	Walsh	10.19		arie	MIDC		0.11	LAST
4 × 8	16a V	Thomas VAS DECEASED EVER IN		11 77 77 77	JRITY NO. I	7. INFORMA		Al	DDRESS		eary
Poge Poge	- (	res. no or unknown)	(IF YES, GIVE WAR OR DAT	014-16-	1422	Joan :	Pharr	5001 Russ Rockville	sett I	Rd.	0853
that the deo d by the atte lease remove riol, cremation or other troum	100	Canditions, if any, gave rise to imme cause (a), stating underlying cause	the DUE To lost.	O, OR AS A CONSEOU	ENCE OF			diseuse		3/4	vling
equires in signe Then p ir to bur injury,	NO	PART 2 OTHER SIGNI	ELLEYES	NS CONTRIBUTING TO	DEATH BUT N	OT RELATED	TO THE TERM	NAL DISEASE OR (	ONDITION	GIVEN IN PAR	T l(a)
The low ricion.  The low ricion.  The low ricion.  The low ricion.  Sin permit.	CERTIFICATION	19a. DATE OF OPERATION	ON 196 CO	ONDITION FOR WHICH	OPERATION -	WAS PERFO	RMED	20a AUTOPSY? YES □ NO	INC	F YES, WERE FIN ERTIFYING CAU YES	
9 physic	-	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH HOU	ME OF INJURY R. A.M. MONTH D. P.M.	AY YEAR	No. HOW IN	JURY OCCURE	RED (ENTER NATURE OF	FINJURY IN ITE	M 18 PART I OR PART	2)
offendin offendin ter th is the hand rked at	MEDICAL	21d. INJURY OCCURRE	E (AT HO)	ACE OF INJURY ME, STREET, FACTORY, OFFICE, I		If LOCATIO	N	CITY	OR TOWN	COUNTY	st
4 0		saw the deceased	his haspital) attended	the deceased from 19	95 , and	that in 🔊	, 19 3 (our) apinion (	to 3/	he date and	haur and fram	_, that (w) (w) the causes stat
Spitol or CTOR: A Ifor use of Heoli					DF	GREE				22. D	ATE SIGNED
the hospital  I DIRECTOR  toched for u  e Dept. of He  If Hem 21 is		1226. SIGNATURE	fting		1	111		MEDICAL DIRECTOR PH	STAFF IYSICIAN [		17/53
HOSPITAL OR ATTEN sined by the hospital FUNERAL DIRECTOR, sold be detoched for u th the State Dept. of He ORTANT: If hem 21 is		226. SIGNATURE YUK YE 226. PHYSICIAN'S NAM	HATE (TYPE GAPRINI)	tins	y	ZID)	MYSICIAN	MEDICAL DIRECTOR DPH	STAFF LYSICIAN [		17/50 ing 20
or ATTEN e hospitol DIRECTOR ched for u Dept. of He	230 8	1226. SIGNATURE	HATE (TYPE GAPRINI)		1	ZID)	MYSICIAN	MEDICAL DIRECTOR DE PH	WS S		17/50 my 20

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And the state of t	Josephini, X	ne succession.	tro 1	
Section bear season foot in	Josephini, X	. Topol vione	tso.1	Ditte I variet
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. Company and the contract of		ots rod ,nocivital rou	THE STATE	Layouali

P.A. Rockville, Maryland

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR

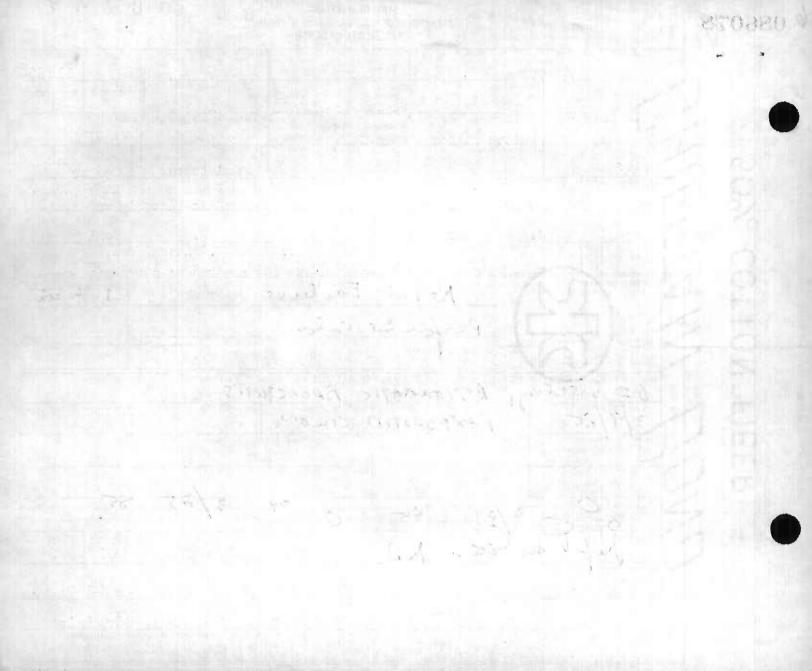
REG. NO.

	CEASED NAME	FIRST		MIDDLE	1	AST	20. DATE O	F DEATH MONTH	DAY YEAR	26 HOUR pm
(	CORPRINT)	Franc	es	К.	A1	corn	Marc	ch 24,19	985	11:55
3. SE			4 RACE		5 DATE C		6. AGE (IN)	YEARS (AST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
F	emale	1967	Cauca:	sian	MONTH		2	01 400	MONTHS DAYS	HOURS MIN.
70. 8	IRTHPLACE (STATE O	R FOREIGN	7h CITIZEN OF	WHAT COUNTRY?	8.	ember 17,190	9 BALTIMO	ORE CITY OR COUNT	TY OF DEATH	
	COUNTRY)					D   NEVER MARRIED		ntgomery		
	Minnesota ITY OR TOWN OF DI	FATH	United II NAME OF	States	WIDOWE	DROTHER INSTITUTION		OCCUPATION		PERUSINESS OR
	ethesda	-711	HE NOT IN SUC	rban Hos	ADDRESS)	1	(TYPE OF WOR	RK FOR MOST OF WORKING	LIFE) INDUSTRY	Meat
	AL RESIDENCE (IF NO	200000000000000000000000000000000000000			-	1	Admin	istrator	Brok	erage
13a S	STATE	13P CON		13c. CITY OR TOW		136 INSIDE CITY LIMITS?	13e STREET	ADDRESS / ZIP COL	DE Zip:	20814
	arvland	Monts	pomerv	Bethesd	a	YES NO	4400	East-West	Highway	#632
14 F/	ATHER'S NAME		WIDDLE	LAST		15 MOTHER'S MAIDEN N	AME	WIDDLE	145	
D	Frank		J.	Kramme	r	Mary		R.	Poh1	va gi
	WAS DECEASED EVE	R IN U.S. ARA	MED FORCES?	166 SOCIAL SECU		17 INFORMANTRev.	James			
1	NO NO OR UNKNOWN	(IF YES GIVE	WAR OR DATES)	578-50-9	287	9600 S. Ges		,	, ,	0.71
		711 5				7000 b. Ges	SHEL, II	ouscon, re		IMATE INTERVAL ONSET AND DEATH
11	PART I. DEATH	WAS CAUSED	y one couse per 3 BY	r line for (a) bi, and	0	Failur	0		BETWEEN	ONSET AND DEATH
	9-1-1-1	IMMEDIATI	E CAUSE (a)	10-1	-				,	- 442
1	LE SALDE		DUE TO O	A A CONSEQUE	NCE OF	1 Colon				
	Conditions, if an		(6)	renter	- Vice	l celem				
	cause (a), stat	ing the	DUE TO O	R AS A CONSEQUE	NCE OF				tre I to the	
1	underlying cou	se lost.	let_							
133	PART 2 OTHER SIG	S AFICANT C	ONDITIONS C	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TEL	RMINAL DISEAS	E OR CONDITION G	IVEN IN PART TO	a
CERTIFICATION	6-F 6	leed	in.	AST MA	MATI	C BRONG	CHITIS			
1	190 DATE OF OPER	ATION	COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO		ES, WERE FINDIN	NGS USED
E	3/9/8	55	1	ERFOR	LATTEL	) COLON	YES		TIFYING CAUSES	NO T
E E	210 ACCIDENT WAS U	NDERLYING	216 TIME C			21c HOW INJURY OCCL	JRRED (ENTERNA			
	OR CONTRIBUTING		111	M. MONTH DA						
MEDICAL	11d INJURY OCCU		21e PLACE	.M.	19	211 LOCATION				
ME	WHILE TO NOT	WHILE [	(AT HOME ST	REET, FACTORY, OFFICE F	ARM ETC )	STREET		CITY ON TOWN	COUNTY	STATE
	AT WORK AT W	ORK						1/20		
	220 I certify that		/ / ~	11	-	10-3	10	5/00	19.00	that (I) (we) last
		Idid Idid not	view the open	alter death.		nd that in my (our) opinio	in death accurre	ed on the date and ha	ond from the	couses stated
<	226. SIGNATUR	10	1 0.	1	^	DEGREE			23c DATE	SIGNED
	1/4	pre!	wo	tein 1	ND	PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	Marc,	1985
1	224 PHYSICIAN'S	AME (TYPE OF	PRINT)	31-11-1		22e ADDRESS		E 11		
	Ralph	M. Co	an, M	. D .		4400 East	-West	Highway	Bethes	da,Md.
23o. 8	BURIAL, CREMATION	, REMOVAL	236 DATE	March 23t N	IAME OF C	EMETERY OR CREMATORY				
	Burial	THE PARTY			ling	ton Nation	al Ar	clington.	. Virgi	nia
24 F	UNERAL DIRECTOR	ROBER						REGISTRAR 25b. REGIS	STRAR'S SIGNAT	URE
	HOMES, P.	A. BE	THESD	A MARYI A	ND	TIVE W	AR 2.6 1	1985 Julian	Davidson-R	indall
_		, 21	LILIODI	C) PRESENTE	TAD		0	1		

DHMH - 16 60M 7/84 (VRA 15, 4)

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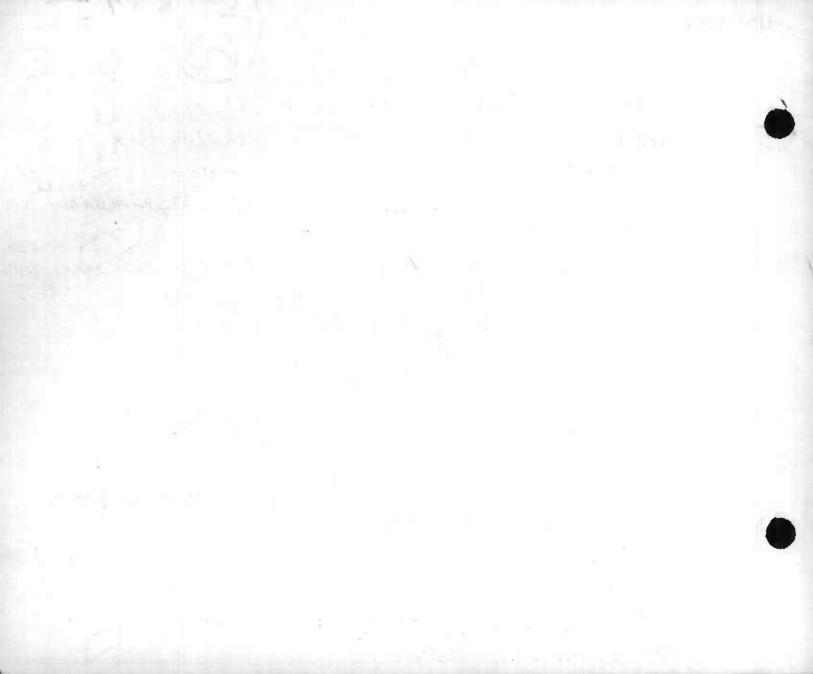
IMPORTANT



74044			FOR		DEPARTME		OF MARYLAND ALTH AND MENTAL HYG	BIENE 5	0 8	/ 3	, •
Colo			STATE REGISTRAR  EASED NAME FIRST	MIDDLE		CERTIFIC	CATE OF DEATH	REG. 1	NO.	Y YEAR	2b. HOUR
(3 13)		(TYPE	OR PRINTY  RUTH	LYDIA	A	LE9	AR	3	3 10	85	1:55 AN
$\sim$	-	3 SE		RACE		DATE OF	DAY YEAR	& AGE (IN YEARS LAST BI		ONTHS DAYS	IF UNDER 24 HRS
age opposite	,		FEMALE	CAUCASIA		ECEMI	BER 24,1917	67	YRS	25.05.4711	
Of 172 ho	01	N	ew Jersey	CITIZEN OF WHA	A	WIDOWED		MONTGOME	RY		M
of the factor of	50		HEATON	(IF NOT IN SUCH FAC	PITAL, NURSING ILLITY, GIVE STREET ADI Mherst A	DRESS]	OTHER INSTITUTION	128 USUAL OCCUPA (TYPE OF WORK FOR MOST Homemake	OF WORKING LIFE	12b. KIND OF INDUSTRY OWN	f business or home
LAND 212 nin 24 hour ly filled in should be if	35	13a S	ALRESIDENCE (IF NURSING HOMEORO TATE 136 COUNT TULAND MONTO	Y 13c	residence before at CITY OR TOWN heaton		13d INSIDE CITY LIMITS?	130 STREET ADDRESS 11013 Amh	erst Au	enue 2	0902
uted within 24 hours completely filled in the 1 and 2 should be fill alexaginer must be	50		THER'S NAME	DOLE	omas		IS. MOTHER'S MAIDEN NA.  Lydia			Mahon	
- 0 - / -	7	Ida V	/AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE W	ED FORCES? 166	SOCIAL SECURI		17 INFORMANT	ADDI	RESS		
IMC e e			No	1	58-10-75	09	George W. All	Legar - Hus	band sa		
ST.,			18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	for id . (b) , and i	ial	obstructi	in - de	Huse	BETWEEN O	MATE INTERVAL DINSET AND DEATH
he death of the attending mation, or stroumotic			Conditions, if any, which	DUE TO, OR AS	A CONSEQUENTA	GF OF	dissose.	forius.	rso		
W. hat the by the by the same of the other			gove rise to immediate couse (a), stating the underlying cause lost	DUE TO OR AS	CONSEQUEN CO	CEOE	uma of t	he colon			
quires the signed Then plee to burial niury, or		NO	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTR	RIBUTING TO DE	ATH BUT N	OT RELATED TO THE TERM	NINAL DISEASE OR CO	NDITION GIVE	V IN PART 1(o	1
L RECO	2	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION	N FOR WHICH O	PERATION	WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDIN	
OF VITA CLAN. To physics or through the Hope and Hope and Hope and Hope and Hope	9	AL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF IN. HOUR A.M. P.M.	JURY MONTH DAY	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN.	URY IN ITEM 18, PAR	T I OR PART 2]	
OIVISION NG PHYSI after this co	'	MEDIC	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF IN	NJURY ACTORY, OFFICE, FARI		211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
NDIN II or of Negative or seed the			220 1 certify that (Whis hospita	) ottended the dec	ceosed from 6	/7/	, 19	. to 3/9			hat (I) (we) last
ECTO d for a of t			sow the deceased alive on abave, (1) (we) (did) (did not)	view the body after	r death.		I that in (my) (our) opinion	death occurred on the	date and hour o		
AAL Districted detections of the August Districted detections of t			DR. TOSEPH SOL		OR DR.3	DRAPE	PHYSICIAN L	MEDICAL ST.	AFF ICIAN 🗌	3/10	FJ-
D HOSPITAL Isomed by the O FUNERAL hould be det with the State			22d PHYSICIAN'S NAME (TYPE OR P	RINT]			27: ADDRESS 9801 500	git Av. s	r.s. Hd	1. 209	702
21 25 3 BP			URIAL CREMATION REMOVAL	236. DATE MARCH 12			METERY OR CREMATORY	23d LOCATION CITY OR TOWN		OUNTY	STATE
DHMH-16 20A				S J. COL	LINS	NICL PAN	250 DAT	ROCKVILL E REC'D. BY REGISTRA	RISSI REGISTE	ntgome ars signatu	JRE MU.
(VRA 15, 4) 7/		50	O University Bli			Sprin	g, Md. MAH	13 1985	THE WALL	1001 -1 /	

	FOR STATE REGISTRAR				STATE O MENT OF HEAD XAMINER		MENTAL H		O E	3 /	) I	
098203	1. DECEASED NA. (TYPE OR PRINT)	ME FIRST Berni	CO	MIDDLE T.		Alva		20 DATE OF DEATI		MONTH I	26 19 85	26 HOUR
NAME FILE NAME FILE NA STREE	3. SEX FEMALE	4 RACE WHITE	S. DATE OF BIRTH MONTH DAY DECEMBER	1918	6. AGE (IN YEARS IN LAST BIRTHDAY) M	UNDER 1 YR.	HOURS 2	AHRS 2c. DAT	JNCED	MONTH	26 1985	2d HOUR 2:17 P M
● 羅寶	7ª BIRTHPLACE CALIFOR		U.S.A.	AT COUNT	RY? 8 M	RRIED NI	EVER MARRIE	DU	more city of ntgomer	RCOUNTY	OF DEATH	MD.
S PARTS	10 CITY OR TOW Silver	Spring	11. NAME OF HOS (IF NOT IN SUCH FA HOLY	CILITY, GIVE STR	SING HOME, OR ( REET ADDRESS)  HOSpita		NOITU	12a USUAL OCC	UPATION (TYPE	OF WORK 12h	ORK 126 KIND OF BUSINESS OR INDUSTRY U.S. GOV'T	
AND 3	USUAL RESIDENCE 130 STATE MARYLAN	E (IF IN NURSING HOME  136, COUI  MONT	OR OTHER INSTITUTION, GR NTY GOMERY	113c CITY O	SEFORE ADMISSION) OR TOWN VER SPRIN	G 13d. INSIDE		13e STREET ADD		Z	ip21	0901
ME. MD.	PHILE IP		WIDDLE	Tuck		ES	TER'S MAIDER FIRST STHER		MIDDLE		ARCOFF	-,-
JAS ATTER I JAS ATTER I JAS GIVE PA WITH FORM WITH FORM	NO WAS DECEAS	SED EVER IN U.S. AI	RMED FORCES? E WAR OR DATES)	100	10-9384	17. INFOR	EFF ALI		NEWBERR STOWN			INA
A HOUR TEM 18. ONG WI TENMIT.	18 CAUSE PART I	SEATH WALAC CALLE	ATE CAUSE (a) MU	tiple	injurie	5	1				APPROXIMAJ BETWEEN ONSE	
RDS, 201 W. PRESTING: BRECUTED WITHIN 2 NGC: BY PEWJILLIN IN CAL EXAMINER ALL AND MENTAL HYDRA AND MENTON, OR REMON	gave cause lying c	ians, if ony, which rise to immediat (a) stating the under ause last.	h e (b)	AS A CONS	SEQUENCE OF SEQUENCE OF	EASE OR CONDITIO	ON GIVEN IN PAR	[ ] (o).				
TAL RECORDS  -OULD BE EXER RD "PEDING MEET MEET A BLOCK DOWN MEET HALL HALL HALL HALL HALL HALL HALL HAL	190. DATE (	OF OPERATION	196. COND11	ION FOR W	HICH OPERATION	WAS PERFO	RMED?				70 AUTOPSY	
VISION OF VI	UNDERLYIN CONTRIBU 21d. INJURY	OCCURRED	DEATH 1:58 M	3	26 19 85 (AT HOME, 211			(ENTER NATURE OF	object		ct	NO
DIVIS  TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFIER CEATH, WITH THE STATE DE BALTIMORE, MARYLAND 21201 PR	AT WORK  27s I ce death red	AT VISHER that Liegh char	1	Poet		opsy X, Hom	Inspection icide	Undetermined r	y . onc	rSprir	on	
TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH	EXAMINER (TYPE OR P	S NAME Th	omas D. Sn			ADDRESS_	111 1	efedical exacens St.	Balto	SIGNED_	3/28/	785
07/84 BP	BURTAL	1000	3/29/1985		TRICT OF LODGE	OFFICE		WASHING C'D. BY REGISTE	STON	COUNTY STRAR'S SIGI		
DHMH - 17 (VR A15 ME (5))			HEBREW MEM			HUME	APR	1005	4		fandalle	1

088098	1.	FOR STATE REGISTRAR			3 7 3	à					
(A)			FIRST 1AR	4 I. RACE	T.	A N	GRSON DF BIRTH	20 DATE OF D	REG. NO.  PEATH MONTH  HARCH  RS LAST BIRTHDAY)	15-85	26 HOUR 5 45 PM IF UNDER 24 HRS
Transfer of	F	EMALE		B	1	5 -		84	7.0 YRS	MONTHS DAYS	HOURS MIN.
	7o. BI	RTHPLACE (STATE OR F COUNTRY)	OREIGN 7	6. CITIZEN OF	WHAT COUNTR	Y? 8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9. BALTIMORI	CITY OR COUNT		MD.
ofter de	10 C	ETHESDA	тн ј	(IF NOT IN SUI	HOSPITAL, NUR CHEACHITY, GIVE STR HESDA	SING HOME (	OR OTHER INSTITUTION		CUPATION OR MOST OF WORKING I	126. KIND O INDUSTRY	OF BUSINESS OR
D 2120 4 hours ld be fill fild be fill	USU. 13a. S	AL RESIDENCE (IF NURS		OTHER INSTITUTION	, GIVE RESIDENCE BEI		13d INSIDE CITY LIMITS?	13e.STREET AD	ician DRESS / ZIP	100000000000000000000000000000000000000	employed
MARYLAND red within 24 ampletely fille and 2 should		ASH. D.C.	noi		l Wash.,	D.C.	YES NO D			J.W.SU	ASH. D.C.
mak w make w maked w ample and a make		Thornton		Thompso		10	Mary		WIDDIE	Thomps	son
BALTIMORE, core be executivision and coppers. Pages 1 val. themedical	16a. V	VAS DECEASED EVER VES, NO OR UNKNOWN)	(IF YES, GIVE	MED FORCES? WAR OR DATES)	5 78 - 32		EUF ROSINI	BOBE	T RN. BE	121 GRO. ETH. HE	SUENOR LA.
: 4000		18. CAUSE OF DEATH PART I. DEATH W	H (Enter anly 'AS CAUSED IMMEDIATE	CAUSE (a)	r Ine far (a), (b),	00	sunting	Fai	los	APPROXI BETWEEN O	MATE INTERVAL ONSET AND DEATH.
that the death cert by the attending pose remove carbon of cremation, or ren rather traumatic ex		Canditions, if any, gave rise to imm cause (a), statin underlying cause	nediate g the	(b)_	R AS A CONSEC	sin	for	nell	1	K	40
RDS, 201	NO	PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS C	ONTRIBUTING T	ODEATH	NO THE TER	MINAL DISEASE	OR CONDITION GI	IVEN IN PART 10	a.
At RECO	CERTIFICATION	19a DATE OF OPERAT	HON	196. COND	ITION FOR WHI	CH OPERATIO	N W & PERFORMED	20a AUTOP	AN CERT	S, WERE FINDIN IFYING CAUSES ES	NGS USED OF DEATH?
CLAN. 1		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH		OF INJURY .M. MONTH .M.	DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTERNATU	RE OF INJURY IN LEM 18	PART I OR PART 2)	
(VISION UG Physic attention the bur of the bur of the bur of the bur of the bur	MEDICAL	21d INJURY OCCURR	ULE		OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC )	211 LOCATION STREET		CITY CH 199WW	COUNTY	51419
TENDS and or TOR, At TOR, At Health		220. I certify that (1) saw the decease abave, (1) (4)	d alive an	4	110	n	nd that in (my) Jour) Spinian	death accurred	an the date and ha	3-1	Sor 95 we) lost causes stated
At OK A the board At DiREC stoched the Dept.	C	226. SIGNATORE	1	- ///	By Commercial Commerci	X	DEGREE ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN []	3/1	SIGNER
HOSFIT, brings by D FUNER ould be d in the 5%		220 PHYSICIAN'S NA	AME (TYPE OR I	PRINT) WY	7 RD	611	PROBINN	100 D, 1	Becheso	4 20	817
Gaagaa	23o. E	URIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATI		COUNTY	STATE
799BP		INERAL DIRECTOR ME	arshal	3-20-	85   A	rlingt	on National	TE REC'D. BY REC	ING TON REGIS	TRAR'S SIGNAT	a. URE
(VRA 15, 4)	42	NAME			ADDRES	ington	MAK	2 1985	Julia Varido	n-Randall	la .





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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCHENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE KNOWN D MONTH (TYPE OR PRINT) DEATH MATED ANNIE JANE ARMSTRONG DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE 2€. 90 RIHDAY) PRONOUNCED **Black** F unknown DEAD YRS Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED unknown unknown WIDOWEDXX DIVORCED Montgomery II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK ID CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFET Takoma Park Washington Adventist Hospital retired JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS MD TOOM Takoma Park YES X 8016 Garland Ave.. #303 NO [ 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST unknown MIDDLE LAST unknown 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) unknown 238 12 4700 Annie Bennett unknown DIV 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost OF HEALTH AND A PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NO C 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, FTC.) STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK AT WORK 270 I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my opinion PAGE 4 SHOULD BE F
TO FUNERAL DIRECTO
AFTER DEATH, WITH TH
BALTIMORE, MARYLAN death resulted from: Natural causes Accident Hamicide L Undetermined manner EXAMINER'S NAME (TYPE OR PRINT) (TYPE OR PRINT) 23d LOCATION 30 BURIAL CREMATION REMOVAL 73c NAME OF CEMETERY OR CREMATORY (SPECIFY) Mar/19/85 Unknown BP. Farmville Horton 600 Kennedy St. NW WashDC MAR 20 1000 DHMH - 17 (VR A15 ME (5)) 20M 4/B2

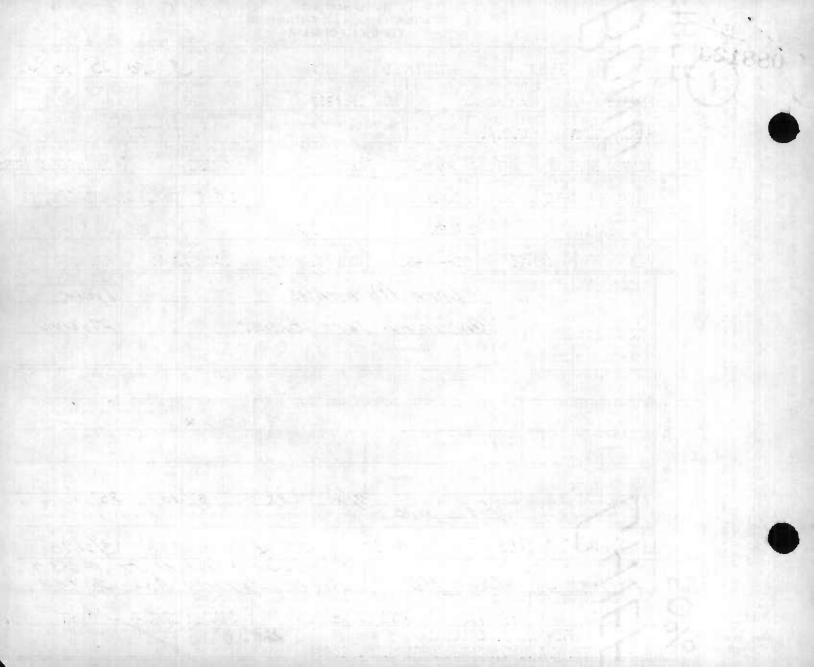
STATE OF MARYLAND

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6	noy be	1. DE	CEASED NAME FIRST	MIDDLE 1451 Artigiani 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 13 85 1330 PM H UNDER I YEAR FUNDER 24 HRS
	oge 4		RTHPLACE (STATE OR FOREIGN	WHITE MONTH DAY VEAR TO THE TOTAL OF WHAT COUNTRY? 8 7 3 0 8 19 BALTIMORE CITY OR COUNT	MONTHS DAYS HOURS MIN.
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IMORE	n and co		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN] (IF YES,	s. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS) 406 Es. GIVE WAR OR DATES) 406 ADDRESS) 406 ADDRESS 406 ADDRES	
T., BAL	physicia physicia propers provol.		PART I. DEATH WAS CAU	AUSED BY.  EDIATE CAUSE 10) Deuth word future	APPROXIMATE BETTERVAL BETWEEN ONSET AND MATH
DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE, MARYLAND 2120	that the death cer I by the attending ease remove carbo ol, cremation, or re or other traumatic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	
AL RECORDS, 20	he low requires on. In them signer permet Them pl ere plicar to burn	CERTIFICATION	PART 2 OTHER SIGNIFICAN  TO DAYLOF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IN CERT	ES, WERE FINDINGS USED  IFYING CAUSES OF DEATH?
1 OF VITA	SICIAN: T ag physici certificat ririol-troni entol Hyg hem 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMI	OF DEATH MOUR A.M. MONTH DAY YEAR MIN(R) P.M. 19	PART I OR PART 2)
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	ATTENDI spitol or CTOR: A Ifor use of Heali		sow the deceased alive	hospital) attended the deceased from 7/13, 19 3, to 7/23 ve an 19 3, and that in (my) (our) opinion death occurred on the date and halid not) view the body after death.	19, that (I) (we) lost out ond from the couses stoted
	AL OR , the ho AL DIRE detoched ste Dept		226 SIGNATURE	When Octo on M. Attending Medical Staff Physician Director Physician	222 DATE SIGNED 3/23/85
	o HOSFITAL froined by 11 O FUNERAL bould be det whether State		PUBE	Ne COSCA TENENDO, MID,	20 (45)
	BP		BURIAL, CREMATION, REMOV	3/26.1985 St. Francis Cemetery Gettysbu	
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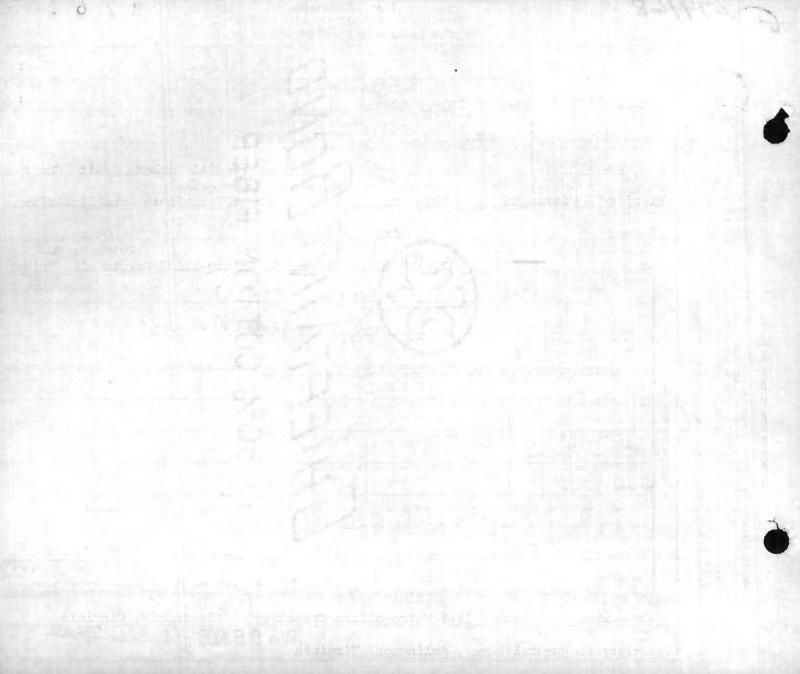
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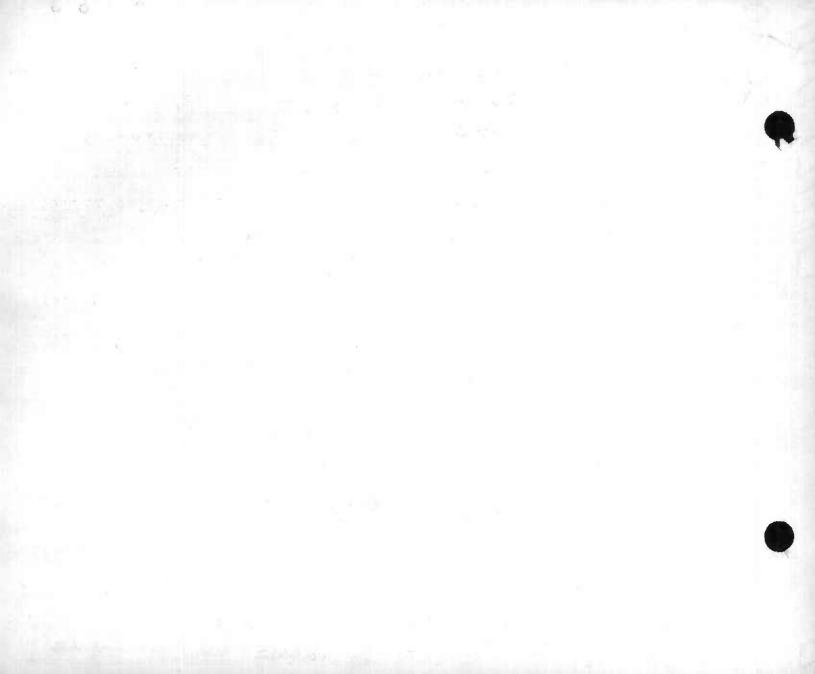


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDELENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN MONTH Th HOUR (TYPE OR PRINT) OF ESTI-9:40 pm M 85 Sally 3/6 Baitty DEATH MATED 3 SEX 4 RACE 5 DATE OF BIRTH AGE IN YEARS I IF UNDER 1 YR IF UNDER 24 HRS DAY DATE YEAR LAST BIRTHDAY) PRONOUNCED 3/6 9:40 DEAD remale June 8, 1916 68 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRYS MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED T DIVORCED Montgomery Kentucky USA IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION STYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Suburban Hospital Bethesda Social Worker City Goy't AL RESIDENCE (IF IN NUR THE HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) STATE COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Florida Sarasota Sarasota 800 Benjamin Franklin Drive FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Thomas Diaz Mary Otero 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS Potomac, MD. (YES, NO. OR UNKNOWN) LIFYES GIVE WAR OR DATEST Robert L. Baitty-11125 Hurdle Hill Drive 234 10 6032 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH arrest. PART I DEATH WAS CAUSED BY: Cordiac IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which arteria sclurosis CIYONAL gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. BURIAL AND M PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) ED AS A ! VRITING THE CHIEF MARED TO THE CHIEF MARED TO THE CHIEF MARED AND THE CHIEF MARED TO THE ATTE DEPARTMENT OF HER 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES 🗍 NO T 710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220 I certify that I took charge of the remains described obove, held on Autopsy Inspection and in my opinion TO MEDICAL EXAMINI
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PAGE 4 SHOULD BE FOR FOREST
TO FUNERAL DIRECTO
AFTER DEATH, WITH THE death resulted fram: Hamicide Notural causes Undetermined manner TITLE (SPECIFY ACTUAL SIGNATURE. EXAMINER'S NAME wisconsu TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 73¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION March 7 1985 Metropolitan Crematory Cremation Alexandria, Virginia 74 FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) Ives-Pearson Funeral Homes, Arlington, Virginia



74/11	1.	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  REG. NO.								
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 1					
1 75	TYPE	MATTHE	EW J.	BARTOL	March	7.1985 4:25 M					
	1. SE	MALE	1. RACE WHITE	5. DATE OF BIRTH  MONTH DAY YEAR  MALCH 12 1911	6 AGE (IN YEARS LAST BIRTHDAY) 73 YRS	MONTHS DAYS HOURS MIN.					
		RTHPLACE (STATE OR FOREIGN COUNTRY) MINNESOTA	76. CITIZEN OF WHAT COU		9 BALTIMORE CITY OR COUN	ITY OF DEATH					
the state of the s	TA	KOMA PARK	(IF NOT IN SUCH FACILITY, GIV	ADVENTIST HOSPITAL	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR					
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and		ATHER'S NAME FIRST  MA-TT	MIDDLE LA	RTOL ANTONIO	MIDDLE	DEBELAK					
ion and c		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN}   IF YES, O	ARMED FORCES? 16b. SOCIA GIVE WAR OR DATES)  577-6	1 SECURITY NO. 17 INFORMANT 39-4278 BRUCE M.	BARTOL , MIDA	LETOWN. MD. 2176					
physic on pape emoval.		PART I. DEATH WAS CAUS	anly ane cause per line far (o), SED BY: ATE CAUSE (a)	ebellar hemorrha	190	approximate interval Between onset and death 36 hours					
ine the death ce great by the attending to peace remove corb buttle cremation, or r		Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CON	emadin anticoug		2 weeks 3 weeks					
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optal or sphal or CTOR: A for use of Health	1	saw this secretard alive a	tal) attended the deceased  March  bew the body after death.	19 85 and that in (my) (aur) apinion	to NUICA ) a death accurred on the date and h	, 19					
TAL OR 1 1 The ho PAL DIRE Seroched Total Dept		27h SIGN/MENTER MEN	S Risen No	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3(8/35					
O HOSPITAL INSING by III O FUNERAL IN He Store III the Store WPORTANT		Mark S	Rosea Mo	<u> </u>							
BP	L	BURIAL, CREMATION, REMOVA	March 12. 1985	236 NAME OF CEMETERY OR CREMATORY Union Cemulus	Burtinsvill	e Mind. STATE					
DHMH - 16 50M 4/83 (VRA 15, 4)	10	WORAL DIRECTOR  ROMA FAMILY (Him	u Salatey 753	Tauge SI NO J-MAR	TE REC'D BY REGISTRARIZS REG	ISTRAR'S SIGNATURE					

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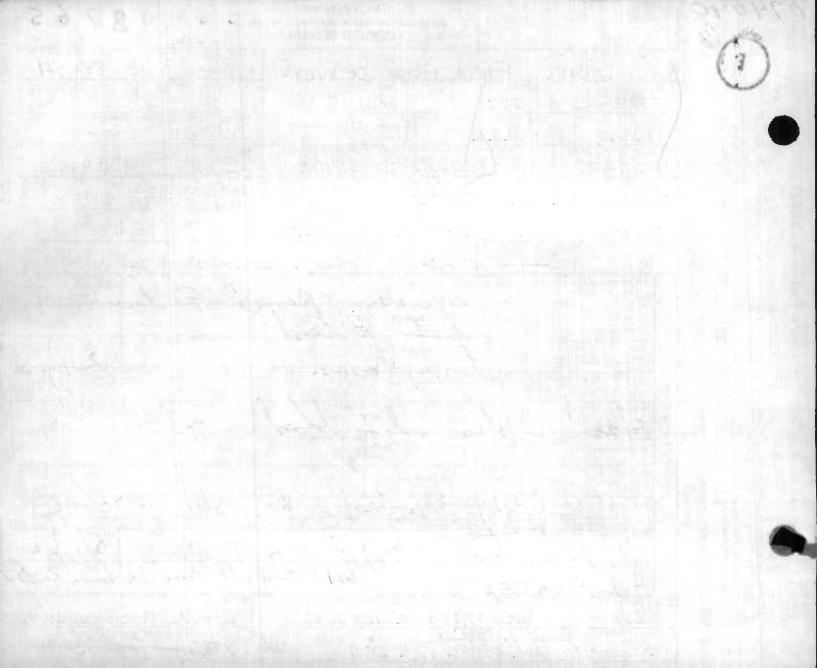
DHMH - 16 60M 7/84 (VRA 15, 4) FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

PEG NO

							REG. N	U.				
9		CEASED NAME FIRST	A	AIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOL	)R	
		GLADYS	BOYD	BAUER			MARCH 21	1985		5:4	40P M	
	3 SEX	X	4 RACE		S. DATE (		6 AGE (IN YEARS LAST BIS	THDAY)	IF UNDER I YEAR	IF UNDER	MIN.	
	F	EMALE	CAUCAS	IAN	NOV	26 1903	81	YRS.		7.00%3	Print.	
B		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	R COUN	Y OF DEATH			
	TE	NNESSEE	USA	WIDOWED A DIVORCED			MONTGOMERY					
r	Ja. CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT		126 KIND C	F BUS IN	ESS OR	
/	_	THESDA		HOSPITAL			Free Lance Advertis					
3		AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		1136. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CO	DE 9	44	74	
2			RFAX	MCLEAN		YES 💢 NO 🗌	6251 OLD D			264 2	22101	
1	14. FA	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		LA	it.	174	
C		CHARLES H	BOYD			DELIA NM						
3		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR		-			
	UN	KNOWN	10	579-30-9	032	EMILIE BAUER		116				
		18 CAUSE OF DEATH Enter or	nly one cause per	line for (0), (b), one	dicin	WESTFIELD,	NJ 07090		APPROX BETWEEN	imate inte onset and	RVAL DEATH	
		PART I. DEATH WAS CAUSE	TE CAUSE (a)	CARDIOPUL	MONA	RY ARREST	100		-		7	
			DUE TO OF	R AS A CONSEQUE	NCE OF							
		Conditions, if ony, which	( 1b)	7107100110202								
		gave rise to immediate cause (a), stating the	DUE TO OF	R AS A CONSEQUE	NCEOF							
		underlying cause lost.	1002 10, 01	AS A CONSEQUE	IACE OF				C 0 9			
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION G	IVEN IN PART 1	0		
	CERTIFICATION											
7	CAT	190 DATE OF OPERATION	196 CONDI	ITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 206. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I					
4	E						YES NOX YES NO					
A	CER	210. ACCIDENT WAS UNDERLYING	110110 11		Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)			
1	AL	OR CONTRIBUTING CAUSE OF DE.	ATT I	UR A.M. MONTH DAY YEAR P.M. 19								
	MEDICAL	216 INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	CITY OR TO	WN	COUNTY		STATE	
	E	WHILE NOT WHILE AT WORK	TAT HOME STR	EET, FACTORY OFFICE, F	ARM EIC )	SINCE	Citionic				,	
		220.1 certify that (I) (this hasp	ital) attended the	e deceased from_	MAR	19 19.85	_, toMAR_2	1	19_85	that (li {	we) lost	
		sow the deceased alive an abave. (Living (did) (did no	MAR 2.1	otter death 19	, 0	nd that in (my) (our) apinion d	leath occurred on the d	ate and ho	our and from the	couses st	ated	
		22b. SIGNATURE	NAME OF THE OWNER	offer deoffi.		DEGREE	THE STATE OF THE S		22c. DATE	SIGNED		
	13	21 h	Man	1 M.		ATTENDING PHYSICIAN	MEDICAL STA		251	nous	85	
		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)			22e ADDRESS	T DIRECTOR   THIS	1814 (21		0814	1000	
		EUGENE S. KILI	FAUV M	D.		NAVAL HOSPITA	I RETHECOA	NMC			A MD	
	23a B	BURIAL, CREMATION, REMOVAL		The second second	AME OF C	EMETERY OR CREMATORY	23d LOCATION	, 11110	HOR, DE	111201	74,110	
		Burial	Mar. 27			gton National	CITY OR TOWN	ton	COUNTY	inia	TATE	
	_	UNERAL DIRECTOR	J. 27	1203	77 111		Arling REC'D. BY REGISTRAR					
		NAME	avel Hem	ADDRESS	~ h =	4400	0.1985 4		ridson-Ran			
	T V	es-Pearson Fune	ral nom	es, Arill	igton,	, va. INITAL C	That A A A A	Company of the last		-	2.	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH MONTH L DECEASED NAME 7b. HOUR LITYPE OR PRINTS ona 6. AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF LINDER 24 HR APRIL 15, 1918 CAUCASIAN FEMALE **BALTIMORE CITY OR COUNTY OF DEATH** TO BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYLAND U.S.A. MONTGOMERY O CITY OR TOWN OF DEATH 176 KIND OF BUSINESS OR INDUSTRY TAKOMA PARK WASHINGTON ADVENTIST HOSPITAL HOUSEWIFE OWN HOME 130 STREET ADDRESS / ZIP CODE 8008 18th Avenue LANGLEY PARK 20783 MARYLAND GEO. 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Murtle Frederick Schnabele Van Horn ADDRESS 166 SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES 212-03-6909 Nathan F. Beavers-Husband same as # 13 APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: Canditians, if any, which gave rise to immediate cause (a), stating the A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 11 H BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED 190 DATH OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORME 70a AUTOPSY IN CERTIFYING CAUSES OF DEATH? 710 ALCIDENT WAS UNDERLYING THE HEW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH 71d INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE I 270.1 certify that (1) (this hospital) oftended the deceased from saw the deceased alive an , and that in (my) (our) apinion death occurred on the date and have and from the causes stated abave, (l) (we) (did) (did not DEGREE . 22c DATESIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN THE PRYSICIAN'S NAME THE OFFICE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL Burial March 13,198\$ Parklawn Cemetery Rockville Montgomery Maryland 24 FUNERAL DIRECTOR Francis J. Collins DHMH - 16 50M 4/83 ine Davidson Randall 500 University Blvd. West S.S., Md. 20901 (VRA 15, 4)



STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYPLENE 094089 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME Roland Frank Beers. 20 DATE KNOWN TO MONTH Jr. (TYPE OR PRINT) ESTI-Roland DEATH MATED 4 RACE DATE OF BIRTH IF LINDER 1 YR & AGE (IN YEARS IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED male DEAD TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) MONTONER New York U.S.A. WIDOWED DIVORCED ID CITY OR TOWN OF DEATH Physician OR INDUSTRY Bethesda Suburban Hospital Medicine USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 5123 Dudley Lane/20814 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? MD Montgomery Bethesda 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Roland Clark Reers Helen 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO ADDRESS (IF YES, GIVE WAR OR DATES) Korea Unkniwn James Beers, 240 N. Broadway Yes St. Williams 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY arrest cordiac IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF RESpiratory Failure Canditians, if any, which acute gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] NO P 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 211. LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE AT WORK 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection Natural causes Suicide Hamicide Undetermined manner EXAMINER'S NAME WISCONSIN (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Cremation Suitland, Maryland 3/23/85 Cedar Hill Crematory 07/84 25M 24 FUNERAL DIRECTOR JOSEPH GAWLET'S SONS. INC. BY REGISTAR 25 REGISTARS NIGNA DHMH - 17 5130 Wisconsin Ave, NW, Washington, D.C. 20016 (VR A15 ME (5))

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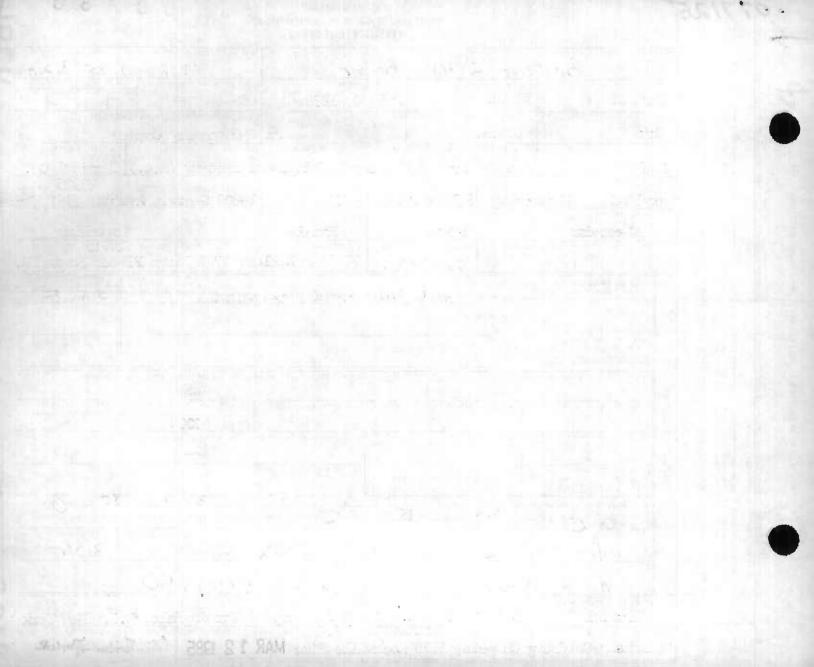
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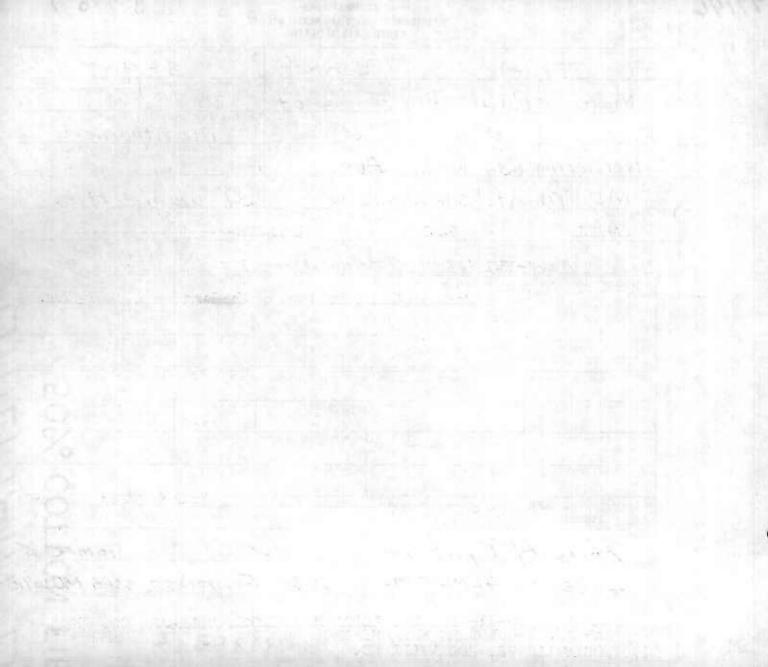
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FENT DIVENTED VENT SANS THE SO RESIDENCE TO BE SO THE STATE OF THE SECOND 1997-54-013

11125	ľ	FOR		DEDADT		OF MARYLAND EALTH AND MENTAL HYGI	8 5	UO	1 0	Q
	1 -	STATE REGISTRAR		DEFARI		CATE OF DEATH	REG. NO			
0		CEASED NAME EIRST		MIDDLE	L.	AST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
teo#	(TYPE	Bea Bea	trice	Stern	Be	ller	Me	25	7,85	BiDUAM
15	3. SE:	emale	White		5. DATE C	8, T898 YEAR	6. AGE (IN YEARS LAST BIRT	M	MONTHS DAYS	HOURS MIN.
100		RTHPLACE (STATE OR EOREIGN		WHAT COUNTRY?	8		9. BALTIMORE CITY OF	YRS.	OFDEATH	
6		OUNTRY)	U.S.A		MARRIE	DINEVER MARRIED DIVORCED	Montgomer			MD.
2010		ty or town of death  ockville	(IF NOT IN SU	ICH FACILITY, GIVE STREE	ADDRESS)	rother institution er Washington	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON WORKING LIFE	E) INDUSTRY	eal Co.
26	USU. 13a S	AL RESIDENCE (IF NURSING HOME TATE 136 CO	OR OTHER INSTITUTION	130. CITY OR TOV	RE ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	209	905
34		ryland Mon	tgomery	Silver S	pring	YESXX NO []	10800 Georg	gia Av	venue,	#10T
Kol		Alexander	MIDDLE	Stern		Fannie	MIDDLE		Rosenb.	lum
133		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE		20715	
2/	(	res, noor unknown) (IF YES,	GIVE WAR OR DATES	079-26-	5035	William Bell	er; 2701 La	rgo P	lace; B	owie, Md.
7 5		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pe	er line for (a), (b), or	nd (C)			9 26	BETWEEN	MATE INTERVAL DISET AND DEATH
David David			ATE CAUSE (0)	meta	statu	colon car	anima		2 m	number
or o		9,000 // 110	DUE TO, C	DR AS A CONSEQU	ENCE OF					
flon, moor		Conditions, if ony, which	( Ib)_	1						
ther tr		gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, C	OR AS A CONSEQU	IENCE OF					100
buriol, ry, or o			T CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	inal disease or cont	OITION GIV	EN IN PART 110	
o in o	CERTIFICATION									
100	ICA	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	10b. IF YES	, WERE FINDIN YING CAUSES	OF DEATH?
1	ET I						YES NOXX	1	s 🗌	NO 🗌
100		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH HOUR A	OF INJURY A.M. MONTH D		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM IS PA	ART I OR PART 2)	
14/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIF		OF INJURY	19	21f. LOCATION				
ked	ME	WHILE NOT WHILE AT WORK		TREET, EACTORY, OFFICE,	FARM, ETC )	STREET	CITY OR TO	M	COUNTY	STATE
98		220.1 certify that (I) (this has	spital) attended	he deceosed from.	FR	F 21 , 19 35	_, to3 /	7	19 85 , 1	thoy (II) (we) lost
7 5	1.5	above (A) we (did) taid	on 5/	5 19	85, or	d that i (my)(our) opinion d	leoth occurred on the do	te ond hour		
11		228 SIGNATURE	THE WATER COOK	y direr debin.		DEGREE	-		22c. DATE S	SIGNED
2 2	15	Mulus	XD-c-		1	ATTENDING PHYSICIAN	MEDICAL STAF	FIANT	3/2	1/25
137		22d. PHYSICIAN'S NAME (TYP	E OR PRINT)			22e ADDRESS	C		-, /	t DV
100		Mark	Rosen			Silver	Spring,	up		
13.37	23a. l	BURIAL, CREMATION, REMOVA	AL 236 DATE			EMETERY OR CREMATORY	23d LOCATION		10000	*****
	- 4	Burial	3-11-	1985 M	t. Ara	rat Cemetery	Farmingd	ale, I	L.I. N	ew York
OM 4/B3	24 FI	JNERAL DIRECTOR		Roc	kville	, Md. 25a. DATE	REC'D. BY REGISTRAR	256 REGISTE	RAR'S SIGNATI	URE
15. 4)	Da	nzäńsky-Goldbe	erg Chape	els: 1170	Rocks	ille Pike MA	1 2 1085	Suria.	avidran-0	andelle



11461				STATE OF MARYLAND	8 5 0	8 / 6 9
	1	FOR	DEPARTM	ENT OF HEALTH AND MENTAL HYG	IENE	
	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1	. DE	EASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		ORPRINT)	001	Bennof	2 -	9-85 4:15
1	3. SE)		1 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
1	). JL/	MIA	Caucasian	MONTH DAY YEAR		MONTHS DAYS HOURS M
1	2 0	Mare	Coor	3-23-04	80 yr	
	/a. Bi	RTHPLACE (STATE OR FOREIGN	TO CITIZEN OF WHAT COUNTRY?	MARRIED   NEVER MARRIED	9 BALTIMORE CITY OR COU	1 -
		Kussia	u.s.	WIDOWED DIVORCED		rgomery
1	10. CI	TY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)</li> </ol>		120 USUAL OCCUPATION  LYPE OF WORK FOR MOST OF WORKII	126 KIND OF BUSINESS INDUSTRY
	C	11 verspring	700 100011	e sive.	Produce Buy	er Supermark
1	USU/ 13a. S	TATE 136 COUN	TY 13c. CITY OR TOW		130.STREET ADDRESS / ZIP C	ODE AUST
2	and the	MD m	ont. Silvers	pringes NO 1	634 Way	ne Hive.
1	14. FA	THER'S NAME	AIDDLE LAST	MOTHER'S MAIDEN NA	ME MIDDLE	LAST
DC		SAMUEL	BENNO	F UNKN	IOWN	LASI
,		VAS DECEASED EVER IN U.S. AR			, ADDRESS .	Luca Aug
1	1,		WAR OR DATES)	2734 Anne Bonn	10) - Silver	Soring MD
/ F			y one couse per line for 101, (b1, and	Inco	01/02/	APPROXIMATE INTERVAL BETWEEN ONSET AND DE
		PART 1. DEATH WAS CAUSE	) DV	Cell Carcinoma	of the Lima	2½ Yrs.
		IMMEDIAT			T CIC LICIE	42 113.
		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF		
		gove rise to immediate	(b)			
		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF		
		DART 2 OTHER SIGNIEICANT C	ONDITIONS CONTRIBUTING TO E	PEATH BUT NOT RELATED TO THE TERM	AINIAI DISEASE OR CONDITION	CINENI NI DARI Lini
	Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	BOT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDINON	GIVEN IN PART 110
7	ATIC	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. II	YES, WERE FINDINGS USED
1	FIC				IN CE	RTIFYING CAUSES OF DEATH?
+	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	
		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	(4	
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e. PLACE OF INJURY	211 LOCATION		
	MEL	WHILE IT NOT WHILE IT	(AT HOME STREET, FACTORY, OFFICE F		CITY OR TOWN	COUNTY
		AT WORK AT WORK		June 1. 10 84	March 9.	10 85 that (1 XX
		220. I certify that (1) (the Care	March 9, 19			
		obove, (XXXXXXI) (did not	view the body ofter death.	85 and that in (my) (our) opinion	death accurred on the date and	
		22b. SIGNATURE	1100 /	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
1		Auri	J. Clepert		MEDICAL STAFF DIRECTOR   PHYSICIAN	10 MAR
		22d. PHYSICIAN'S NAME (TYPE O	PROPERTY AND	22e ADDRESS	-	
		HUBERT	J. ALPERT	MO 8630	HENTON ST	SSPG MOU
7		BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	IAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STAT
		BURIAL	3-11-85 M	T. LEBANON CEME		
3	24 FI	JNERAL DIREDAN ZANSK	Y-GOLDBERG ME	M CHP INC 250 DAI		Deviden Sign
			E PK. ROCKVIL		1 3 1985 game	Into Inton



	FOR
-	STATE
	REGISTRAR

DECEASED NAME (TYPE OR PRINT)

3 SEX

## STATE OF MARYLAND

	DEPARTM	CERTIFICATE OF DEATH	GIENE REG. 1	NO.				
MIDDLE	R.	BERGER	20 DATE OF DEATH MARCH	MONTH 28	199	YEAR 35	7 10	PN
		5 DATE OF BIRTH	6 AGE (IN YEARS LAST B	IRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
AN		JAN 23. 1912	73	YRS	MONTHS	DAYS	HOURS	MIN.
WHAT	COUNTRY?	AAABBIED XXIEVED AAABBIED	9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH	77	

CAUCAS" MALE TO BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF CALIFORNIA

JOSEPH

4. RACE

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

STIVER SPRING

13c CITY OR TOWN

LAST

12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) PINECREST CIRCLE 13d. INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN NAME

FIRST

CLINICAL PYSCHOLOGIST 13e STREET ADDRESS / ZIP CODE

PINECREST

MONTGOMERY

MARYLAND

USUAL RESIDENCE

O. CITY OR TOWN OF DEATH

SILVER SPRING

MIDDLE IN U.S. ARMED FORCES?

MONTGOMERY

BERGER 16b SOCIAL SECURITY NO

STELLA 17 INFORMANT

ADDRESS

MIDDLE

WAGNER

CIRCLE 20910

17h KIND OF BUSINESS OR

INDUSTRY

NO

CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a)

IMMEDIATE CAUSE

136 COUNTY

579-22-2604 and ic

SAME AS 13

20a AUTOPSY?

WIFF APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

MONTH

Conditions, if any, which gove rise to immediate couse lol, stoting underlying cause lost

19a DATE OF OPERATION

PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF

(AT HOME STREET, FACTORY OFFICE, FARM ETC.)

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

IN CERTIFYING CAUSES OF DEATH? YES [

20b. IF YES, WERE FINDINGS USED

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

saw the deceased alive on\_

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION STREET

CITY OF TOWN

STATE

220.1 certify that (1) (this haspital) attended the deceased from

above, (1) (we) (did) (dame) view the body after death.

DEGREE ATTENDING

CEMETERY

MEDICAL STAFF
DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

H. COHEN

231 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d LOCATION CITY OR TOWN

BRENTWOOD

DHMH - 16 60M 7/B4 (VRA 15, 4)

PORTANT

ld b

BURTA 24 FUNERAL DIRECTOR

(SPECIEY

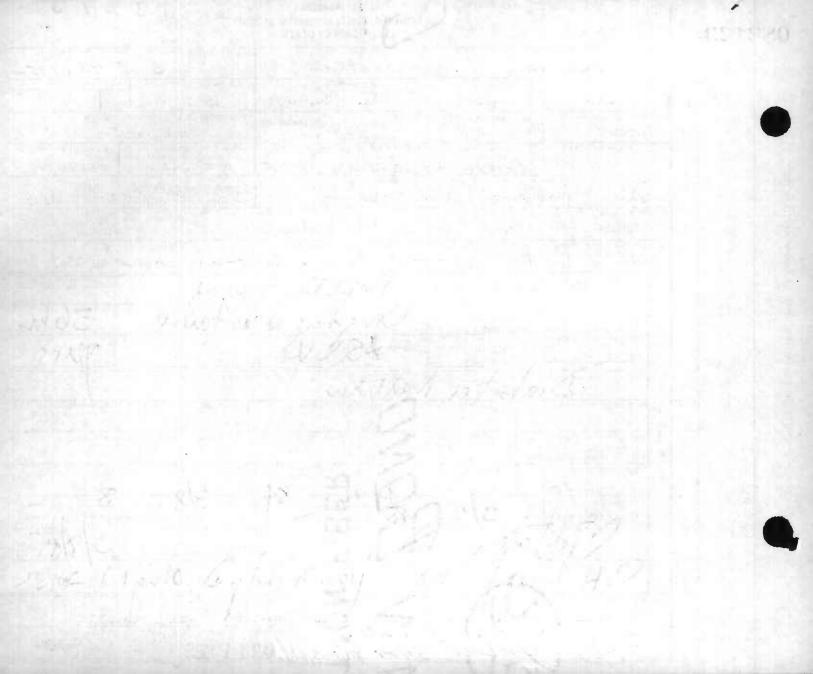
230 BURIAL, CREMATION, REMOVAL

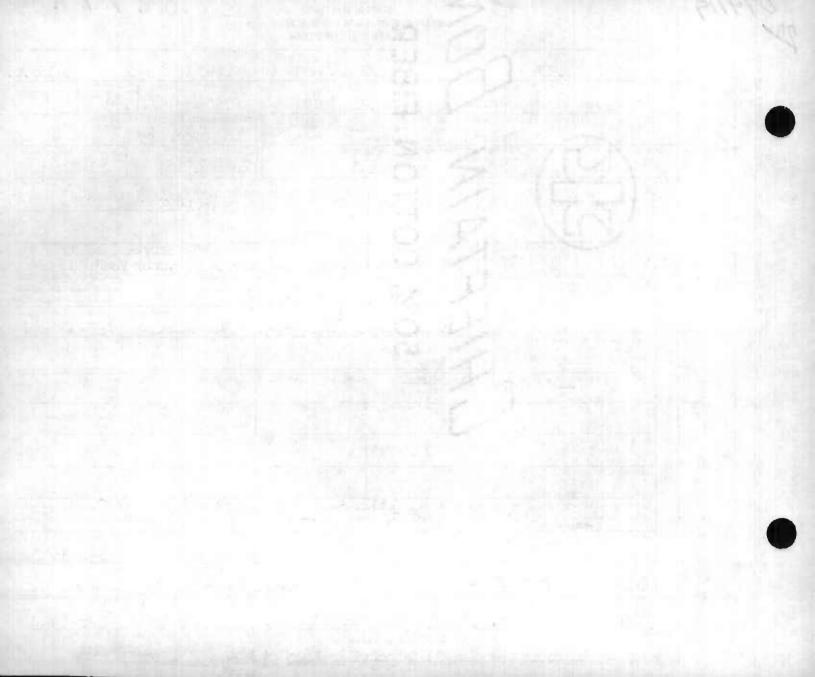
FRANCIS J. COLLINS 500 UNTU RIVD. W. STIVER SPRING MD. 20901

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE whe Daviden - Handalle THE PARTY OF THE PROPERTY OF THE PARTY OF TH 

087112	1 5	/21/85 Item 13		STATE OF MARYLAND	8 5 0	8/12
1	1	- STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	
0		CEASED NAME FIRST ELL'ZAB	MIDDLE	BERRY	20. DATE OF DEATH MONTH	15 100 0 500
( B	3. SE		4. RACE	5 DATE OF BIRTH MONTH DAY YEAR	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HA
o de i do	7a. B	IRTHPLACE (STATE OR FOREIGN	Black 76 CITIZEN OF WHAT COUN	8-26-04	BALTIMORE CITY OF COL	RS
deoth un 72 h	10	Croom, MO.	U.S.A.	MARRIED WEVER MARRIED WIDOWED DIVORCED	Mantanmer	
by the filled with	10 C	Bethes da	(IF NOT IN SUCH FACILITY, GIVE	PRSING HOME OR OTHER INSTITUTION  TREET ADDRESS!  Health Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK  HOME MAKE	
24 hour	USU 130.	AL RESIDENCE (IF NURSING HOME OF		BEFORE ADMISSION) TOWN 13d INSIDE CITY LIMITS? YES NO NO		00000
within within	14 F.	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	NAMES 721 Grosner	lar Lane 20014
d com		Was deceased ever in u.s. ar	MED FORCES? 16b. SOCIAL	SECURITY NO. 17 INFORMANT	COU DUNIKE	ink lippett Rd.
be exe		No		Rusa Bu	Her Chelten	nm-1/4, 2863
physic phoppe emoval event, t		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	illy one couse per line for (o), its ED BY TE CAUSE (o) Melo	istatic hear	+ Camer	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
tending e carbin on, or r		Condition	DUE TO, OR AS A CONS	EQUENCE OF	+	
by the ot sse remove t, cremotic		Conditions, if ony, which gove rise to immediate couse to stating the underlying couse lost.	DUE TO, OR AS A CONS	EQUENCE OF		
equires the signed Then plee to burio njury, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION	N GIVEN IN PART 1(0
on. hos been prior permit ene prior ows ony	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b.	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
SICIAN: Ting physicing physicing certificate virial-tronsition in 18 shiftern		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)
this this he bund M	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	FICE, FARM ETC.)  211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDING Ital or att		220.1 certify that (I) (this hosp	7.17.	47	3, to 3. 14	19 that (I) (we) le
1 OR AT the hosp to DIRECT to DIRECT to Dept. o o Dept. o		above, (I) (we) (did) (did no 22b. SIGNATURE	to view the body ofter feath.	DEGREE ATTENDING	) MEDICAL STAFF	22c. DATE SIGNED
TO HOSPITAL TO FUNERAL should be det with the Stote		220. PHYSICIAN'S NAME (TYPE O	PAHAR	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	P.H
Teto Teto Teto Teto Teto Teto Teto Teto	23a	BURIAL, CREMATION, REMOVAL	23b. DAJE	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION Aity OR TOWN	Q Abunian   STATE
BP DHMH - 16 50M 1/81	24 F	DULLE STORE OF THE	1 3/19/85	St. Mary's Ch. Ces	MI CTOOM ATE REC'D. BY REGISTRAR 256 RE	GISTRAR'S SIGNATURE
(VRA 15, 4)	1	will boon	CARDON CARDON	issea Met. M		a Davidson-Randelle

DESCRIPTION OF THE PROPERTY OF BANDON DE LO SER CONTRACTOR DE LA CONTRA





	1. DE	CEASED NAME	FIRST		MIDDLE	ER'S C	LAST	OF DEATH	REG. NO.	TH DAY YE	AR 71 HOUR
K LET W LE	(TYI	PE OR PRINT)	Dale		R.	-B	1 ocknowne	4 OF	MATED 3		8:00
SECTION SECTION	3. SEX	X 4	RACE	DATE OF BIRTH	6. AGE (IN YE YEAR LAST BIRTHD		DER 1 YR. IF UNDE	MIN PRONOU	NCED	H DAY Y	8:00
25 Z			White	Jun. 1,	-/	RS.		DEAL	3		35 A. M
SA ESE	FC	RTHPLACE (STAT		6 CITIZEN OF WI			IED NEVER MARI	RIED 🔲	AORE CITY OR COU	INTY OF DEATH	1
243		Michigan		u.s.		WIDOW		11011	tgomery C	ounty	MD
PAGE PAGE	T)	ITY OR TOWN OF		HE NOT IN SUCH FA	PITAL, NURSING HOM		IER INSTITUTION	FOR MOST OF WO	IPATION (TYPE OF WOR	OR INDI	JSTRY
20.00		Silver S		12809 I	Jayhill Road	1		Clerk		GAC	
SHOULD BE	13a S	TATE	136 COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET ADDR	ESS		
S#2		Maryland	Monte	comery	Silver Spr	ing	YES NO		ayhill Ro	ad	20906
To make		ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAID	ENNAME	MIDDLE	LAST	
DIVISION OKAL		Glenn	7/50 11/11/2	C.	Blackmer		Adaline			Rapso	n
NO /	()	ES, NO, OR UNKNOW	VER IN U.S. ARMI	ED FORCES? AR OR DATES)	166 SOCIAL SECURIT	7/L	17. INFORMANT		ADDRESS 128	5 N. By	ron Rd.
		Yes			383-09-27	34	Ardeth Gi	es Niece	Howell	, Michi	.gan
2		18 CAUSE OF I			for (a), (b), and (c).)					APPROXI BETWEEN O	MANA SA A A A A A A A A A A A A A A A A A
PERMIT SIENE, VAL.		TAMITOCA.	IMMEDIATE	CAUSE (a) AC	ute myocard		disease.				
ALONG SIT PERM HYGIENE MOVAL.				DUE TO, OR	AS A CONSEQUENCE	OF					
RANSIT ITAL HY R REMO			if ony, which to immediate	(b)		-					
- Z O		cause (o) st lying cause	ating the under-	DUE TO, OR	AS A CONSEQUENCE	OF					
00 N				(c)							
AL, CREMATION, OF		PART 2 OTHER SIGN	FICANT CONDITIONS CO	NTRIBUTING TO GEATH	BUT NOT RELATED TO THE TERM	INAL OISEAS	E OR CONDITION GIVEN IN P	ART 1 (a).			
CRE/	o N			lone	100						
AL.	13	19a. DATE OF O	PERATION	196. CONDI	TION FOR WHICH OPER	ATION W	AS PERFORMED?			20 AUTOF	SY?
2	CERTIFICATION	None	9							YES [	NO V
DI PRIOR TO BUI	100	210. EXTERNAL	CAUSE WAS	216, TIME OF	INJURY A. MONTH DAY YEAR	21c. Ho	OW INJURY OCCURR	ED LENTER NATURE OF IN	JURY IN ITEM 18 PART 1 OF	R PART 2)	
8	3	CONTRIBUTING	CAUSE OF DE				None				
PR	MEDICAL	214 INTURY OC	CURRED	21e PLACE	OF INJURY (AT HOME,		CATION	CITY OF TO	Nacas	COLUMN	
	5	WHILE AT WORK	AT WORK	J. Marier, F. Mc	,			CITYORIC	74/14	COUNTY	STATE
D, 212				of the remains des	cribed above, held an	Autap	sy , Inspection	on X, Inquiry			
Z		death resulted		couses X		icide	, Homicide .	Undetermined m		apinian	
-		Geath resulted	- Natural	cooses LALI,	Accident	icide []		Undetermined m	anner [],		
IRYL)			1 1		16.	-	Deputy		DAI	TE 3/1	2/85
MARYL		ACTUAL	1	-//		- Build	D. De out V	MEDICAL EXAM		NED 7/	7/ () 7
ORE, MARYL		SIGNATURE	1	1.6	2	7	້າ ດາ ດ	Seminary	Road SIG	1110	
ER DEATH, WITH TIMORE, MARYL		EXAMPLES N	Me (John	S. Roge	rs. M.D.	1	1919	Seminary	Road		
AFTER DEATH, WITH BALTIMORE, MARYL I	23a B	EXAMINET NO	John	S. Roge		/	1919 ADDRESS Silv	Seminary er Spring	Road		
AFTER DEATH, WITH BALTIMORE, MARYL	(:	EXAMI (TYPE OR PRINT URIAL, CREMATIC SPECIFY)	ON, REMOVAL 236	DATE	23c, NAME OF CE	METERY O	1919 ADDRESS SILV R CREMATORY	Seminary er Spring	Road Montgome	ery, Md	STATE
	(:	EXAMINET NO	ON, REMOVAL 236	DATE R.14,198	5 Metropol	METERY O	1919 ADDRESS Silv R CREMATORY  Chematohu	Seminary er Spring	Road Montgome	ery, Md.  OUNTY  Virgin	STATE
4 FTER DEATH, WITH THE SITE BALTIMORE, MARYLAND, 2	24 F	EXAMI (TYPE OR PRINT URIAL, CREMATIC SPECIFY) CHEMATIC UNERAL DIRECTO NAME	DN, REMOVAL 236 N MA  OR Francis	DATE R.14,198 J. Cold	5 Metropol	METERY O	1919 ADDRESS SILV R CREMATORY  Crematory  150. Date	Seminary er Spring	Road Montgome	ery, Md.  OUNTY  Virgir S SIGNATURE	STATE

В полноода Noise . white due ly 1911 YE - al Montgomery County Silver Syring 12809 Layhill Road Haryland Montecmery Silver Suring 12869 1-yhill Roud .cut my cording times. DOM: 1000 Aurices 5757 Condog oun no at the Milver Sming, Montgomery, Mr.

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIEIC ATE OF BEATH

REG.	NO.	

-ψ <sub>0880</sub>	93	1-	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 5 0	8 /	1	6
0000	50		EASED NAME FIRST		MIDDLE	Ł	AST	20. DATE OF DEATH MONTH	DAY	YEAR 26	HOUR
eg eg			ANTHONY	SA	MUEL		CKMON	MARCH 14, 1985			:25A M
5		3. SE)		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER		UNDER 24 HRS
6 82	)	MA	ALE	NEGRO			MBER 2, 1956	28 YRS			
1	2/-		RTHPLACE (STATE OR FOREIGN OUNTRY)	USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED &	9 BALTIMORE CITY OR COUN MONTGOMERY COU		тн	MD
ofter the offer the	of the d	10. CI	TY OR TOWN OF DEATH	LIE NOT IN SI	HOSPITAL, NURSIN ICHEACULTY, GIVE STREET HE CLINIC	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Teacher	12b. K	IND OF BUISTRY	USINESS OR
MARYLAND 2120' ed within 24 haurs impletely filled in by	most be n	USU/ 130 S M/	ARYLAND 136 COUNTY IN THE STREET IS A COUNTY IN THE STREET IN THE STREET IS A COUNTY IN THE STREET IS A COUNTY IN THE STREET	ROTHER INSTITUTION		ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	DE	207	
MARYLA!	Tool O	14 FA	THER'S NAME	MIDDLE	ckmon		15. MOTHER'S MAIDEN NAME FIRST			LAST	43
	los	16a. V	AS DECEASED EVER IN U.S. AR	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRESS	_		
MORE e execu	medica		ES, NO OR UNKNOWN) (IF YES, GIT	VE WAR OR DATES)	-577-78-	7725	MR. SAMUEL B	LACKMON (FATHER	)	SAM	Æ
ST., BALTIMORE, entiticate be execuge physician and or or propers. Pages 1	vent, the		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse pe	er line for (a), (b), an				BE		E INTERVAL T AND DEATH
the death cer the ottending remove corbo	er froumotic		Conditions, if ony, which gove rise to immediate couse tot, stating the	DUE TO, (	DR AS A CONSEQUE	STIS ]	PNEUMONIA		3	WEEKS	S
201 W	ar oth		underlying cause last.	( (c)_	ACQUIRED	IMMUI	NE DEFICIENCY	SYNDROME	1	year	
S, 26	۳۷.	,	PART 2. OTHER SIGNIFICANT	CONDITIONS C	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION	SIVEN IN P	ART 1:0	
ORD requ	ini	ğ	ACID-FAST BAC				· ·				
AL RECORDS, the law requir tion. thos been significant or them	ows /	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED		res, were tifying c. yes [X	AUSES OF	
DIVISION OF VITAL NG PHYSICIAN: The other this certificate h os the burnel-mostly h and Mental Hyanes	80		210 ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE-	ATH HOUR A	OF INJURY A.M. MONTH D. P.M.	AY YEAR	31t HOW INJURY OCCUR	RED (ENTER WATURE OF INJURY IN ITEM	8 PART I OR P	ART 2)	
VISION G PHYS ortending orter this o	ked or H	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE F	ARM ETC )	ZII LOCATION	CITY OR TOWN	COU	NIY	STATE
ATTENDING sp.tal or of CTOR: Aft	121 is mor		22a I certify that (I) (this hasp sow the deceased alive or above XI) (we) (did) (dXX	MARCH view the bod	he deceosed from_ 1419 y ofter death.			to MARCH 14,	19 <u>85</u>		XI (we) lost ses stated
TAL OR yy the ho yy the ho yy the ho yy the ho graph DIRE	NT. The	~	226 SIGNATURE	. M	alloy			MEDICAL STAFF DIRECTOR   PHYSICIAN	人	DATE SIGN	4/85.
TO HOSPITAL retained by fl TO FUNERAL should be defined	MPORTANT		Douglas L.	Mallon	Q		ROCKVILLE PI	ONAL INSTITUTES KE, BETHESDA, M			-
BP	≤	(	URIAL, CREMATION, REMOVAL	3-194	·85 Ha	rmony	EMETERY OR CREMATORY Memorial Par	k Landover	Princ	e Geo	orge MD
DHMH - 16 50M (VRA 15, 4)		S Z4 PL	INERAL DIRECTOR TIGIS!	nall's F	uneral Ho Washing	ome, l	nc. DC MAR 2	E REC'D. BY REGISTRAR 256 REG	ISTRAR'S S		٤.
							-			-	39



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH REGISTRAR REG. NO 2n DATE OF DEATH I. DECEASED NAME 2h HOUR BLAIR TYPE OR PRINTS R. 85 TRACE 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR YEAR TULY White 25 emale BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Pennsylvania USA DIVORCED [ WIDOWED Montgomery IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR Home maker (F.NOT IN SUCH FACRITY, GIVE STREET ADDRESS)
Washington Adventist Hospital INDUSTRY akoma Park own home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Montgomery lary land His CITY OR TOWN
Silver Spring 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS / ZIP CODE Road YES XX 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME George MIDDLE Landis Walsh Nora ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF VES. GIVE WAR OR DATES) Nevin Blair-husband- (same as 13e) 215-58-9647 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 TON IF YES, WERE FINDINGS USED Me DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED Mix. AUTORSY IN CERTIFYING CAUSES OF DEATH? NO.T TIN TIME OF INJURY TICHOW INJURY OCCURRED (INTERNATION 214 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING [ ] CAUSE OF DEATH OF EXPLOSE INCIDENT MEDIC AS EXAMINERS. THE BUILDRY OCCURRED TH LOCATION TIE PLACE OF INJURY STARY AT HOME STREET ENCYONY, OFFICE FARM, \$10 AL WORK 27s.1 certify that (I) (this hospital) attributed the deceased alive on ad that in (my) (our) opinion death accurred on the date and how and brin DEGREE ATTENDING STAFF RECTOR PHOSICIAN

DHMH - 16 50M 4/83 (VRA 15, 4) Hines:/Rinaldi Funeral Home 11800 N.H. Ave., Silver Spring, Md.

Mar. 6, 1989 Lincoln Cemetery

ATION REMOVAL

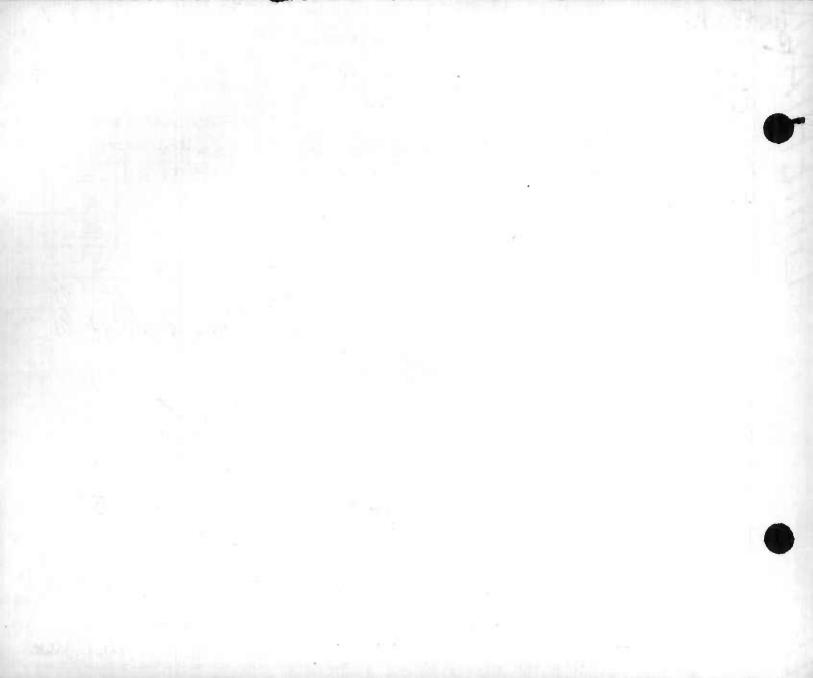
Burial

Chambersburg Franklin

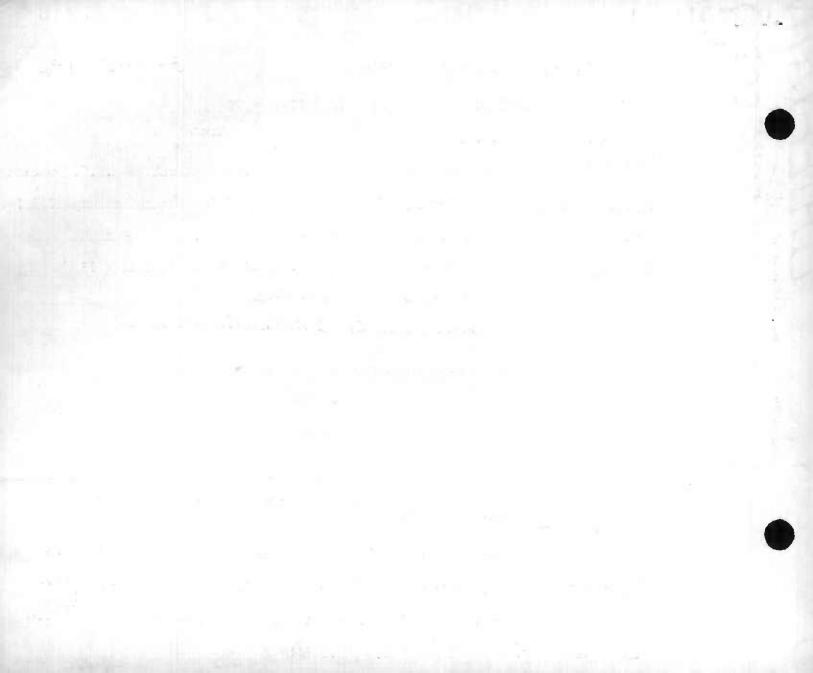
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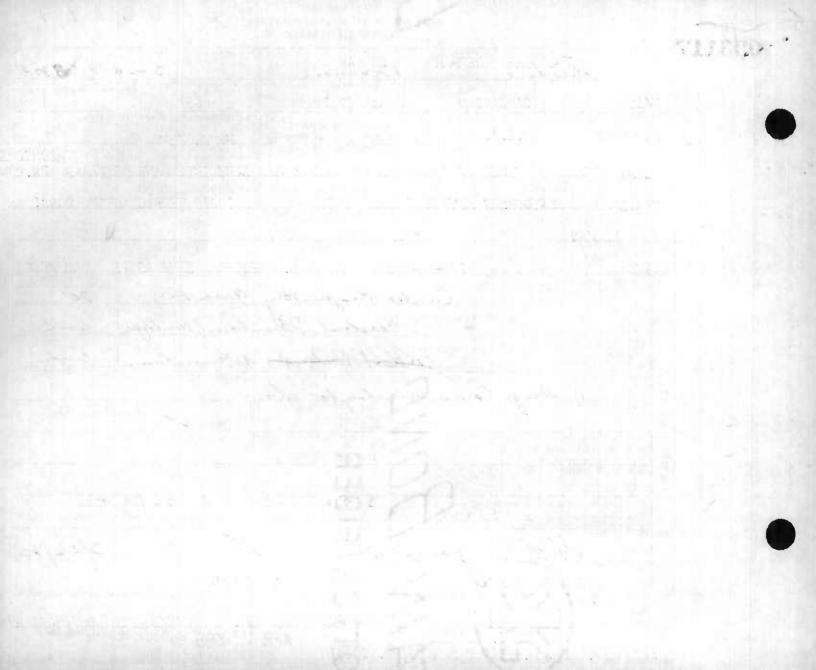
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ATE REC'D. BY REGISTRAR 25h AEGISTRAR'S SIGNATUR



.082131	1-	FOR STATE REGISTRAR		DEPARTM	STATE OF MAR ENT OF HEALTH AP CERTIFICATE O	ND MENTAL HYGI	ENE S S	0 8	1	7 8
(E)		CEASED NAME FIRST PH	E DMUN	ND	BOWER	2		3-2-85	5-	123 A. M
C 14	3. SE		4 RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIR	MONIH		HOURS MIN.
Jures of the lates		MALE	CAUCASIAN	COLULTBYO	MAY 16		77 9. BALTIMORE CITY O	YRS.	EATH	
orth. P		RTHPLACE (STATE OR FOREIGN COUNTRY)  Penn.	U.S.A.	COUNTRY	MARRIED NEV		Montgo		CAIN	
thin dec	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPIT			INSTITUTION	120 USUAL OCCUPATI	ION 12		BUSINESS OR
of the day	S	ilver Spring	Washinate		odress) entist Hos	nital	Nea. Enara		L.S.D.	Commerce
MARYLAND 2120 ed whin 24 hours mplerely filled in by and 2 should be fill kathing metre in	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION GIVE RES		ADMISSION)		13e STREET ADDRESS			
AND AND 124		aryland Mon			Spring YES [	NO 🗌	9305 Longb	ranch Po	vikway	20901
Jerely d 2 s	14. FA	ATHER'S NAME	MIDDLE	LAST	IS. MOTH	TER'S MAIDEN NAM	WIDDLE		LAST	
m al 5 0 0	16a V	Ralph NAS DECEASED EVER IN U.S. A	lartindale	BOWER OCIAL SECUI		RMANT	ADDRI	ESS Wa	lker	
MORI cond Pages	- (	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	5-05-3			ver-Wife	tama at	# 13	
LASCORDS, 201 W. PRESTON ST.  WITH MEDICAL Ender the low requires that the death certifon.  In box been signed by the attending popermit. Then please remove carbon, permit. Then please remove carbon, ene prior to burial, cremation, or remains any injury, or other traumatic events.	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION		BUTING TO D	NCE OF	ATED TO THE TERM	soulon to		RE FINDING	
ACD ICIAN: The physicial physicial propertions in mid Hygin mid Hygin		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. N		Y YEAR	W INJURY OCCURR	ED (ENTER NATURE OF INSU	RY IN ITEM 18 PART I C	OR PART 2)	
CLCA & CL	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN  21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJ		19 211 LOC	ATION	CITY OR TO	)WN C	OUNTY	STATE
inosettal or attending by the hospital or useful by the hospital or useful be detached for use the State Dept of Heal or Is more than 21 is mo		22e.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did a 22b. SIGNATI)  22d. PAYSICIAN'S NAME (TYPE	of Viter the body ofter of	leoth. 19 &	DEGREE  MASS  27e ADD  217	ATTENDING PHYSICIAN	MEDICAL STA	ote and hour and	1200 the co	-ES
show with		BURIAL, CREMATION, REMOVA	L 23h DATE	23c N	AME OF CEMETERY		23d LOCATION		INTY 2	0901
BP		remation	3-6-85	Me	tropolitar			tria		Virginia
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR Fra 0 University B	ncis J. Col lvd. West S		Spring,Md.		E REC'D. BY REGISTRAR	25b. REGISTRAR'S	SSIGNATU	





## STATE OF MARYLAND

REGISTRAR		CERTIF	CATE OF DEATH	REG. NO.						
I DECEASED NAME FIRS		H. Brenn	AN	20. DATE OF DEATH MO	NTH DAY YEAR 1985	15 HOUR 10				
3. SEX MALE	4. RACE CAUCASTA	5 DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRTHD.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN				
PENNSYLVANTA		AT COUNTRY2 8	NEVER MARRIED X	9 BALTIMORE CITY OR COUNTY OF DEATH NONTO ON ENY						
SI VEY SPAIN	1 HOLY	SPITAL, NURSING HOME C ACILITY GIVE STREET ADDRESS!	spital	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	ORKING LIFE) 126 KIND O	F BUSINESS OR				
MARYLAND ME	INTGOMERY \$1	LEVER SPRING	134 INSIDE CITY LIMITS?		GROVE DRIV	E 20902				
JAMES	MIDDLE	BRENNAN		ABETH	CORCORA	N				
VES NO OR UNKNOWN)	ES GIVE WAR OR DATES)	577-38-5777	THOMAS BREN	NAN BROTI	HER SAME	AS 13				
Conditions, if ony, which gove rise to immedia couse (a), stating the underlying couse los										
ARTER 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196 CONDITIO	CARBIEVA ON FOR WHICH OPERATION			Ob. IF YES, WERE FINDING CAUSES YES					
OR CONTRIBUTING TO CAUSE	OF DEATH HOUR A.M.	MONTH DAY YEAR 19		RED (ENTER NATURE OF INJURY IN	VITEM 18 PART 1 OR PART 2)					
THE FITHER NOTIFY MEDICAL EXTENSION OF THE PROPERTY OF THE PRO	21e PLACE OF	, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE				
	h /	28 1985 on	d that in (my) (our) opinion	death occurred on the date		that (I) (we) lest- couses stated				
22b. SIGNATURE	1 a ditzen		DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF	12. DATE	SIGNED 8-85				

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL BURTAL 4/1/85 24 FUNERAL DIRECTOR

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

230 NAME OF CEMETERY OR CREMATORY GATE OF HEAVEN

22e ADDRESS

23d. LOCATION
CITY OF TOWN
SILVER SPRING

217 UNIVERSITY BLUD ENST SILVER SPRING MA

MONT ZOGO STATE

FRANCIS J. COLLINS 500 UNIV. BLVD. W. SILVER SPRING. MD. 20901

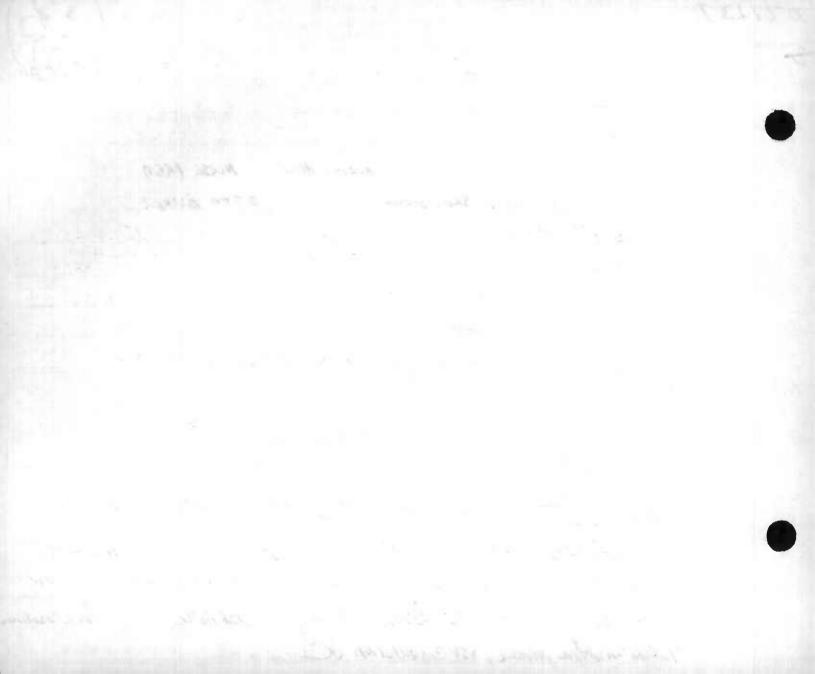
FITZGERALD

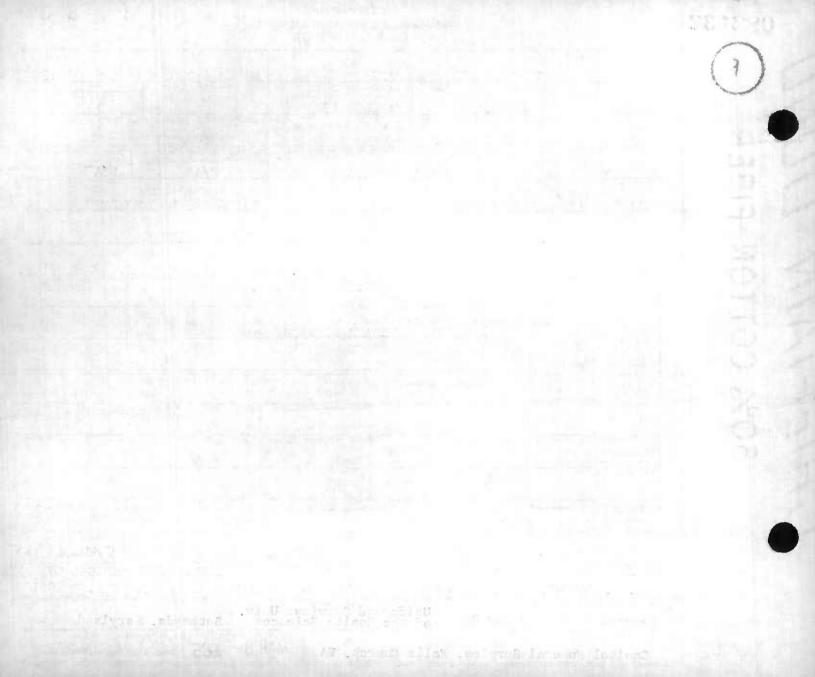
with the the thing the second of market 

STATE OF MARYLAND 651018 TMENT OF HEALTH AND MENTAL HYGUNE -REGISTRAR REG NO . DECEASED NAME 20. DATE KNOWN LTYPE OR PRINTI OF ESTI-FLORENCE BRAUNSTEIN DEATH MATED SEX 4 RACE 4. AGE (IN YEARS DATE PRONOUNCED June 10, 25 59 March 15,1985 Female White 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED USA Montgomery New York DIVORCED [ 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY 12805 Bluet Lane Spring Housewife ISLIAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI Montgomery T3d. INSIDE CITY EIMITS?
YES XX NO 13e STREET ADDRESS 12805 Bluet Lane Maryland 20906 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Levine Ida Strauss Albert 17. INFORMANT Silver Spring, Md. 20906 IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 14b SOCIAL SECURITY NO. IYES, NO, OR UNKNOWN) Irving Braunstein; 12805 Bluet Lane 213-40-7441 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o. Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT REFATED TO THE TERMINAE DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 19a DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES . NOXX 71a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. TIE PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM FTC.) STREET CITY OR TOWN COUNTY WHILE NOT WHILE 22a. I certify that I took charge of the remains described above, held an and in my opinion Inquiry Hamicide Undetermined monner DATE SIGNED Jele /6/9 MEDICAL EXAMINER E OR PRINT N O 230 BURIAL, CREMATION, REMOVAL 236. DATE 236 LOCATION 23¢ NAME OF CEMETERY OR CREMATORY Mar. 17, 1985 Judean Memorial Gardens Olney, Maryland Rockville, Maryland 24 FUNERAL DIRECTOR **DHMH - 17** Danzansky-Goldberg Chapels; 1170 Rockville Pik (VR A15 ME (5)) 20M 4/82



77/37	1	FOR STATE REGISTRAR	DEPARTN	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 S O	8 / 8 3
1B 5		CEASED NAME FIRST BETHA	RACE	BRiggs 5. DATE OF BIRTH	20. DATE OF DEATH MONTH  3  6 AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26, HOUR 16
irects ours aff		FEMALE	WHITE	MONTH DAY YEAR 98	86 YRS.	MONTHS DAYS HOURS MIN.
death. Pe		IRTHPLACE (STATE OR FOREIGN 76. COUNTRY) ACSHALL N.C.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNT	
by the functiled within	5	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	GHOME OR OTHER INSTITUTION DDRESS)  VOC NOBSING HOME	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS O
24 hour	USU 13a.	AL RESIDENCE (IF NURSING HOME OR OT STATE 136 COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) 1136. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP COD 2700 BARKER	20901
completely and 2 sh	14. F	ARRETT GRITTE	HOLEN BRIGG	S MATTIE	MIDDLE	TERGURSON
n and . Pages		WAS DECEASED EVER IN U.S. ARME LYES, NO OR UNKNOWN) (IF YES, GIVE W		8677 ETA EL BRIGG	SBISHOP ADDRESS ORW	1910 AVE 28804-
certificate b ng physicial banpapers. remaval. c event, the		18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED EMMEDIATE OF	Y: PILECIALA			BETWEEN ONSET AND DEATH  6 WEEKS
ires that the death ce gred by the attending in please remove carb burial, crematian, ar r iv, or ather traumatic		Conditions, il any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT COI		101		
ow requ	CERTIFICATION	19a DATE OF OPERATION	198 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
3 PHYSICIAN: The I stranding physician. It has certificate has the burial-transit per the burial-transit per and Mental Hygiene cond Mental Hygiene ced or item 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART T OR PART 2)
- 0 - v - E	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM. ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEN TOR: TOR: of He 21 is		22a I certify that (I) (this hecpital) saw the deceased alive an abave, (I) (web (effa) (did nat) v	7 MAR 198	ond that in (M) (our) apiniar	to // MHT.	19, that att (we) lo ur and from the causes stated
PITAL by th ERAL state deta		224 PHYSICIAN'S NAME (TYPE OR PR	alfor	DEGREE  ATTENDING PHYSICIAN  220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	11 May 85
retained by TO FUNER should be with the Str	225	WALTER E.	GOOTH MAD	2309 SHORE	FIELD RD WHE.	ALM NOLL
BP	L	(SPECIEV)	1236. DATE 1935 1936 1936 1936 1936 1936 1936 1936 1936	AME OF CEMETERY OR CREMATORY	23d LOCATION CHIP OR TOWN CONTROL	COUNTY Nach Casal
DHMH - 16 50M 4/83 (VRA 15, 4)	Ta	Rong Funs of Some RGM	ally vsv Cano	USUNN DOWN	TE REC'D. BY REGISTRAR 256. REGIS	MAR'S SIGNATURE





1		STATE OF MARYLAND	0 7 0 1
0000000	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0 / 0 4
088040	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO.	
1	T. DECEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN	MONTH DAY YEAR 26. HOUR
	(TYPE OR PRINT)	OF ESTI-	0-00 0-110
EFT, CASE	Bertha		3-22 1985 6 pm
골라프호롱	3. SEX 4 RACE	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	MONTH DAY YEAR 2d HOUR
N S Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	Female white	10 - 8 - 00 84 YRS. DEAD 3	- 22 10 85 60M
A A A I A	76 BIRTHPLACE (STATE OR	71 CITIZEN OF WHAT COUNTRY?	
FCGSSARY, PEASE FUNEAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET,	FOREIGN COUNTRY)	MARRIED NEVER MARRIED	00110
25.5	Vermont	U.S. WIDOWED   DIVORCED   NONTGO	ME14 CO. MD.
5年2日9	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS).  126. USUAL OCCUPATION (TYPE (  FOR MOST OF WORKING LIFE)	OF WORK 126 KIND OF BUSINESS OR INDUSTRY
304.50	Silver, Spring	Holy Cross Hospital Homemaker	
WE 7 8 8		OR OTHER INSTITUTION, SIVE RESIDENCE BEFORE ADMISSION)	2019112
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C 18579°美	Maryland Mon		gan Ka-
	14 FATHER'S NAME	MIDDLE LAST FIRST MAIDEN NAME	LAST
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T NA SARA	160. WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
FI BERNE		577-46-8462 Arthur Brown, same as 13e	
PAR SA	No		
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S CERTING REGED STEED	WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.) STREET	COUNTY
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STIP BE BE	death resulted form.   Natur	- 1	
X B B B A	ACTUM 5	TITLE (SPECIFY)	DATE As who 12.
¥#9¥###	SIGNATURE	M.D. M.D. MEDICAL EXAMINER	SIGNED WAN 63/92
MEDICAL CUTE THE SE 4 SHO FUNERAL TIMORE,	EXAMINER'S NAME		60
<b>¥</b> 5% <b>2</b> %€	(TYPE OR PRINT) Tohn	S. Rogers, M.D. ADDRESS 1919 Seminary Road.	Silver Spring .MD
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PA AFTER DEATH, WITH THE ST BATTIMORE, MARYIAND, 2	230 BURIAL, CREMATION, REMOVAL	23b. DATE 123r. NAME OF CEMETERY OR CREMATORY 123d. LOCATION	
	(SPECIFY)	CITY OR TOWN	COUNTY STATE
BP	Cremation 24 FUNERAL DIRECTOR	3/24/85   Lee's Crematory   Washington, I	
DHMH - 17	NAME Hines	g/Rinalobess Funeral Home, Inc.	widson-Handale
(VR A15 ME (5) )	11800 New Hampshi	MAD J C THE CHARLES	Wassiv-/
15AA 2/80			

1	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND IENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	8785
	ECEASED NAME FIRST	WIDDLE	LAST		AV YEAR 26 HOU!
		ANCIS BROWN		MAR 22 85	6:10
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A ) 0. B	SIRTHPLACE (STATE OR FOREIGN COUNTRY)  MI	76 CITIZEN OF WHAT COUNTRY?  USA	MARRIED X NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY ON MONTGOMERY	OF DEATH
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03	DANIEL FRANCIS	MIDDLE LAST BROWN	15. MOTHER'S MAIDEN NAME OF THE STATE OF THE	ROTHY BROWN	Ci ewski
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NOI	gave rise to immediate cause (a), stating the underlying cause last	(b) METASTAT  DUE TO, OR AS A CONSEQUE  (c)	IC COLONIC CANCER	sinal disease or condition give	N IN PART 110
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220 ADDRESS

DHMH - 16 60M 7/84 (VRA 15, 4) HUNGRAN DIRECTOR COCAGUIAN + HORRES W

ROBERT P. THIEL LT, MC, USN

23e BURIAL, CREMATION, REMOVAL

236 NAME OF CEMETERY OR CREMATORY

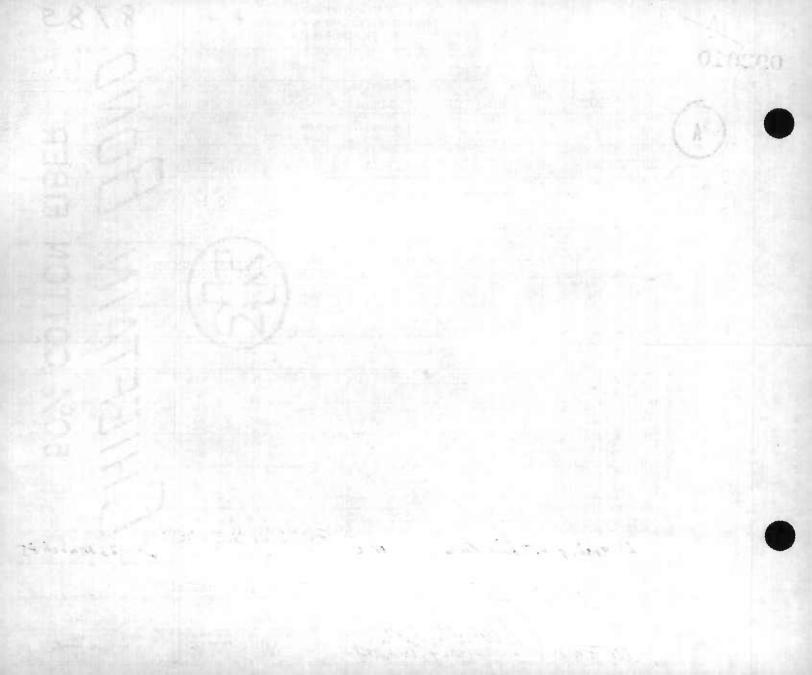
Stafford Memorial Park CITY OR TOWN Stafford, Virginia LATE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

NAVAL HOSPITAL BETHESDA

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MAR 2 7 1985

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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14	1.	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.		
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ors of er ee	3 SE			1 RACE	hite	5. DATE C	DAY YEAR		YEARS LAST BIRTHDAY)	IF UNDER I YEAR	R IF UNDER 24 HR
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OR ATTENDIN e hospital or of DIRECTOR. Aft sched for use of Dept, of Health f them 21 is mor		220 L certify that (I) (t sow the decease above, (I) (we) (dic 22b SIGNATURE	this hospit	march	129 198		d that in (my) (our) apinion DEGREE	, 10	varch of	hour and from the	, tho (we) lo e couses stated E SIGNED
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DHMH-16 50M 1/81 (VRA 15, 4)

Burial 4-2-85 Dulane
Particle Ruck Towson, Inc.
1050 York Road Towson, Maryland 21204

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Polumbia Mortuary Services Washington, D.C. 20011

DHMH - 16 60M 7/84

(VRA 15, 4)

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DHMH - 16 60M 7/B4 (VRA 15, 4)

3/20/85 BURIAL ARLINGTON NATIONAL 24 FUNERAL DIRECTOR

27d PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL

E. KILLEAVY, LT, MC, USN

23b. DATE

ARLINGTON

23d LOCATION ITY OR TOWN

VIRGINIA

22c. DATE SIGNED

COUNTY

19.85

NAVAL HOSPITAL, NAVAL MEDICAL COMMAND,

NATIONAL CAPITAL REGION , BETHESDA MD 20814

IF UNDER I YEAR

INDUSTRY

12b. KIND OF BUSINESS OR

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U.S. NAVY

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

250. DATE REC'D. BY REGISTRAR 25 REGISTRAR AND THE PROPERTY OF DEMAINE FUNERAL HOMES, INC ALEXANDRIA, VIRGIN

23c. NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

ASMINIT ALMAND SEES, DW ANIZHMAN, TOWNSON

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(FA)	3 SEX			4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
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AND 212 24 hours filled in could be	USUAL RE	SIDENCE (# NUI E	13) COUP	R OTHER INSTITUTION NTY	13c. CITY OR TO Washing		138 INSIDE CITY LIMITS?	5415 Conn	ecticut	Avenu	015 N.W.
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VISION OF VI attending physicians and Meetal hy and or hem 18	OR (IF	CONTRIBUTING ETHER, NOTIFY MEDI	CAUSE OF DE- CALEXAMINER	HOUR A	OF INJURY  .M. MONTH  .M.  OF INJURY  REET, FACTORY, OFFI	19	211 LOCATION STREET	CITY OR TO	Time.	OR PART 2)	STATE
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DHMH - 16 50M 7/77 (VR A 15 (4))	24. FUNER	AL DIRECTOR	Joseph	Gawler	's Sons	Inc.	25a. DA	2 1 1985	北京周阳	LINE STATE	No.

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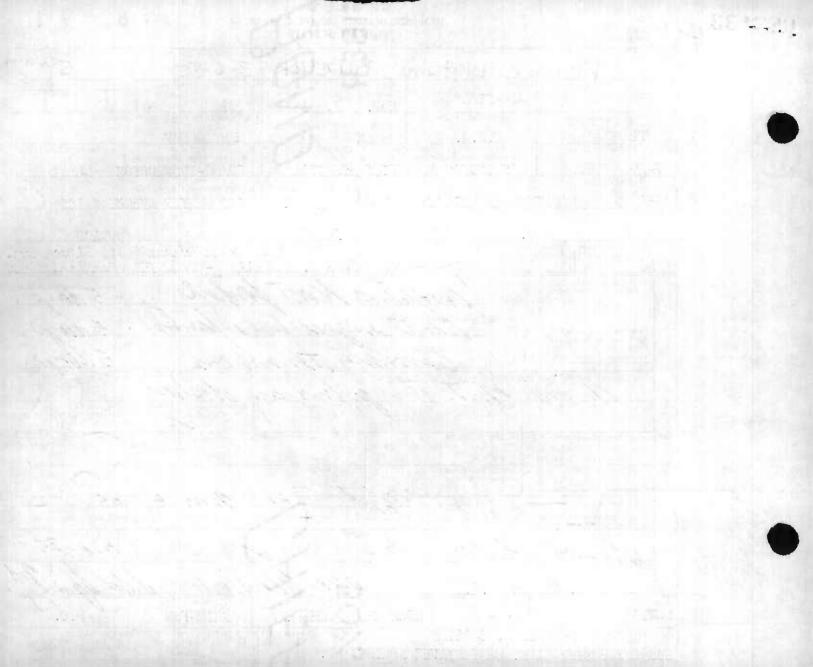
DHMH - 16 50M 4/82 (VRA 15, 4)

STATE OF MARYLAND

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	1. DECEASED NA	ME FIRST		MIDDLE	14	ST . (		20 DATE OF DEAT	TH MONTH (	SAY YEAR	26 HOUR
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DHMH - 16 50M 4/83	24 FUNERAL DIR	CTOR FRAN	CIS J. C	OLLINS			250. DATE	REC'D. BY REGIST			
(VRA 15, 4)	500 UNI	ERSITY B	LVD. WES	T SILVEF	SPRIN	G. MD.	1	MARIIT	900 PANA	Davidson-	Noveme



## STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENEO

REGISTRAN							REG. N	10			
I DECEASED NAME	FIRST		MIDDLE	L	AST		20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR	
(TYPE OR PRINT)	Geor	ge E	To	such	ord		1	nas. 9	85	1758	A
. SEX		4. RACE		S. DATE	OF BIRTH	N 11 35	& AGE (IN YEARS LAST &	IRTHDAY) IF	UNDER TYFAR	IF UNDER 2	
Male		Cauc		04		1901	83	YRS	ONTHS DAYS	HOURS	MIN
BIRTHPLACE (STATE C	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	n   NEVER	MARRIED -	9 BALTIMORE CITY	_			
New York		USA		WIDOWE		NORCED	Mon	tgomery			٨
CITY OR TOWN OF D			HOSPITAL, NURSING			TITUTION	12a USUAL OCCUPA			OF BUSINES	SS C
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JSUAL RESIDENCE (IF NI 30. STATE	131 COUN	VTY	13c. CITY OR TOWN			CITY LIMITS?	13e.STREET ADDRESS		949	144	-
New York	Tomp	kins	Ithaca		YES 🗌	NO 🔀	482 Kruma	Corner	s 14	850	
FATHER'S NAME		MIDDLE	LAST		15 MOTHER	'S MAIDEN NA	WIDDIE		LA	ST	
George	Ed	lgar	Burford		A	lice		M	icCann		
WAS DECEASED EV		MED FORCES?	166. SOCIAL SECUR	ITY NO.	17 INFORM	ANT Juc	iith B. Dor	ăñ	Spring	gfiel	d.
NO OF UNKNOWN)	(IF YES, GIV	VE WAR OR DATES)	129-34-4	4888	Daught		014 Maple T				
	mmediate iting the use last.	(c)_	R AS A CONSEQUEN			D TO THE TERM	MINAL DISEASE OR COL	ndition Giver	N IN PART 1	101	
9a DATE OF OPER	RATION	196 COND	ITION FOR WHICH C	PERATIO	N WAS PERF	ORMED	200 AUTOPSY?		WERE FINDI		H?
210. ACCIDENT WAS I	CAUSE OF DE	HOUR A.	M. MONTH DAY	YEAR	21c HOW I	NJURY OCCUR	RED LENTER NATURE OF INJ	URY IN ITEM TS PAR	1 I OR PART ?)		
(# EITHER, NOTHY M  21d INJURY OCCU	WHILE WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY OFFICE, FAI	RM ETC )	211 LOCAT		CITY OR I	OWN	COUNTY	ST	TATE
Card E	osed alive on (1440) (did no	of the body for J.	19.8		DEGREE	ATTENDING PHYSICIAN	death accurred on the		and from the	that (1) (accounts started	
224 PHYSICIAN'S			23c. N	AME OF C	27¢ ADDRE	CREMATORY	23d LOCATION				

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

BURIAL 3/11/85 VALLEY VIEW CEMETERY TICONDEROGA, NEW YORK

24 FUNERAL DIRECTOR

DEMAINE FUNERAL HOMES, INC ALEXANDRIA, VIRGINIA MAR 2 Q 155

SURIAL SALIAS VALLET CERETER PECONOSTOSA, MET TOES

DE WISH FEBRUAR HOURS, INC. A LEWINDRING, VICENILL MAR 2 O WES Substantian de 19 de 19

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82134	FOR		DEBARTM	STATE OF MARYL		rur & 5	0 8	100
. /	- STATE REGISTRAR		DEPARTM	CERTIFICATE OF		REG. NO	0 0	- Store
-19	I. DECEASED NAME	FIRST	WIDOLE	LAST			MONTH DAY	YEAR 26. HOUR
y be	(TIPE OKPRINT)	George	L. B	urrows			03 04 85	
(1)	Male Male	4 RACE Cauc	asian	5. DATE OF BIRTH MONTH DAY Oct. 15	YEAR 1912	6. AGE (IN YEARS LAST BIRTI	MONTH!	DAYS HOURS M
death. Pog	70. BIRTHPLACE (STATE COUNTRY) Washington		ed States	8. MARRIED   NEVER		9. BALTIMORE CITY OF		
of the funded of	Olney	DEATH 11, NAM	E OF HOSPITAL, NURSIN	G HOME OR OTHER IN	STITUTION	120. USUAL OCCUPATION OF WORK FOR MOST OF Chief Machine	WORKING LIFE) 1N	KIND OF BUSINESS
in 24 hours y filled in b should be fi	Maryland	NURSING HOME OR OTHER INSTI 13b. COUNTY Montgomer	130. CITY OR TOWN  ROCKVILLE	YESXX	NO 🗆	13e. STREET ADDRESS 15313 Carro		STIPAL S
ompletel ond 2	14 FATHER'S NAME FIRST George	WIDOLE	Burrows	E	r's maiden nam the1	WIOOFE		kins
n ond c	160 WAS DECEASED E	VER IN U.S. ARMED FORCE (IF YES GIVE WAR OR OA WWII			B. Pras	schil, see		
uires that the death certifications by igned by the ottending phy en please remove carbonabor, burial, cremotion, or remover, or other troumatic event		ony, which immediate toting the ause last.	TO, OR AS A CONSEQUE  TO, OR AS A CONSEQUE  TO, OR AS A CONSEQUE  TO CONTRIBUTING TO D	tin NCE OF Pulins	marg,	ent de la contra del contra de la contra del contra de la contra dela contra de la contra de la contra de la contra de la	M)	Jays PART 110
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IYSICIAN: T ding physici s certificate buriol-tronsi Mentol Hygi	OR CONTRIBUTING	CAUSE OF GEATH HOL	IME OF INJURY JR A.M. MONTH DA P.M. LACE OF INJURY	21c. HOW I 19 211 LOCAT		ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 O	R PART 2}
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ATTENE ospitol o ECTOR: ed for use of. of Hec		t (I) (this hospital) oftens eosed afive an 3 e) (did) (did not) view the	. /	, and that in (my		eath occurred on the do	te and haur and	at mor (ii que)
O HOSPITAL OR retained by the he TO FUNERAL DIRE should be detached with the Store Dept	You	ENAME (INCOMPANI)	Lodish	nes)	SS	MEDICAL STAF	AN 🗆	
TO HOSP retoined TO FUNE should be with the MMPORTA	Ju	ILES R.	LODISH	290		EY -SANDY :	SPRING	ROAD, OLI
BP	Burial CREMATI	Mar.	6,1985 Gat		n Cemete	ry Silver S	pring,	Maryland
DHMH - 16 50M 4/82	24 FUNERAL DIRECTO	Robert A. P	umphrey Fune	eral Homes,	250. DATE	REC'D. BY REGISTRAR	Sh REGISTRAR'S	SIGNATURE
(VRA 15, 4)	TANK TO SEE SEE	P.A. Rocky	ille Marvla	and	IMAR	2 1085	1 100	6

Davis Funeral Home POB2806 Clarksburg, W. Va.

(VRA 15, 4)

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082135	1-	FOR STATE REGISTRAR			STATE OF MARYI NT OF HEALTH AND CERTIFICATE OF	MENTAL HYG		0 8	196	
may be page 3 er death		CEASED NAME FIRST	LIA A	A NN	CARL)	NER	REG 20. DATE OF DEATH 6 AGE (IN YEARS LAST	MARCH DAY	YEAR 26 HOURS	三公
III Fage 4 in an officer of the control of the cont	70. BI	emale RTHPLACE (STATE OR FOREIGN 71 COUNTRY)	Caucas b Citizen OF WHAT		MARRIED NEVER		9 BALTIMORE CITY	_	F DEATH	
to other deposition of the function of the fun	5	TY OR TOWN OF DEATH	HELL N SUCH AFILE		HOME OR WITHER INS	STITUTION	12a USUAL OCCUP (TYPE OF WORK FOR WO HOMEMAKE	ATION ST OF WORKING LIFE)	12% KIND OF BUSINESS O INDUSTRY OWN HOME	D. R
(T) 1/2	13a. S	AL RESIDENCE TATE		SHTNGTC	N, D. CYES A	NO []	ΛE	S. AVE.#	1030C N.W.200	116
TOOP!		PATRICK J	AED FORCES? 16b. SI	EDDINGT OCIAL SECUR		IA NANT 4201	Mass. Aue		BOURKE 1084 - W	
ALTIMO te b icio and sers. Pag		(IF YES, GIVE Y  18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED		5-05-31	48 THOMA				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
CORDS, 201 W. PRESTON ST.,  w requires that the death certific been signed by the ottending ph it. Then please remove corbon pa rior to buriol, cremotion, or remo ny injury, or ather traumotic even	ATION	Conditions, if any, which gove rise to immediate cause lat, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)  ONDITIONS CONTRIB	CONSEQUEN	CE OF	D TO THE TERM	INAL DISEASE OR CO	DEMA		
DIVISION OF VITAL RECORDS, 201  NG PHYSICIAN. The low requires the offending physician.  Wher this certificate has been signed to as the buriol-transit permit. Then plea to and Membal Hygiene prior to buriol, orked or them 18 shows ony injury, or a corked or them 18 shows ony injury, or an analysis or the order or them 18 shows ony injury, or an analysis or the order or them 18 shows ony injury, or an analysis or the order or the	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED  WHILE NOTIWHILE AT WORK	21b. TIME OF INJU HOUR A.M. N P.M. 21e PLACE OF INJ (AT HOME STREET, FAC	MONTH DAY	19 211. LOCAT	ION	YES NO	IN CERTIFYIN	G CAUSES OF DEATH?	_
TO HOSPITAL OR ATTENDING retained by the hospital or or TO FUNERAL DIRECTOR: After should be detoched for use as with the Store Dept. of Health IMPORTANT: If Hern 21 is mort		22a.1 certify that (1) (this haspital saw the deceased alive on above. (1) (We) (did) (81d not). 22b. SIGNATURE	view the body ofter of		DÉGREE	ATTENDING PHYSICIAN (	DIRECTOR PHY	TAFF SICIAN []	that (I) (**) long from the causes stated  22c DATE SIGNED  5  Spring, Md.	st
Shoul shoul	23a B	TRA TUBLIN M.1  UURIAL, CREMATION, REMOVAL  SPECIFY)  TUAL	23b DATE 3-9-85	23c NA	ME OF CEMETERY OR	CREMATORY	123d LOCATION		ng; Maryland	=
DHMA - 16 60M 7/84 (VRA 15. 4)	24 FL		IS J. COLL:	INSTRESS		25a. DA	MAR 1 1 19	35 % glasse	Taricum Mandell	

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FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

O	8	1	9	1	

1	1-	STATE REGISTRAR			DEF	CERTIF	ICATE OF D	EATH	REG. I	40.				
		CEASED NAME	FIRST		WIDDLE	L	AST		20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR	?
1	[IIIE	Na	dia		Α.	Car	lson			03	19	85	7:00	AM
1	3 SEX	K	4	I. RACE		5. DATE C	FoirtH		6. AGE (IN YEARS LAST B	RTHDAY)		ERIYEAR	IF UNDER 2	4 HRS
	F	onalo		Causes	cin n	MONT	2 DAY	YE AR	71		MONTHS	DAYS	HOURS	MIN.
	7a BII	RTHPLACE (STATE OF	R FOREIGN 7	b. CITIZEN OF	WHAT COUN	ITRY? 8	50	10	9 BALTIMORE CITY	OR COUN		EATH		
4	AG	OUNTRY)	-1	115	Δ		D NEVER M		M L					
	M CI	TY OR TOWN OF DE	ATH 1	11. NAME OF	HOSPITAL N	WIDOWE URSING HOME		ORCED	120 USUAL OCCUPA		4 1124	KINDO	BUSINES	MD.
	5	1.00 5				STREET ADDRESS	1	/	TYPE OF WORK FOR MOST		LIFET IN	DUSTRY		33 OK
2	-	NUEY DAY	ing	Moly	CRO	55 10	SPITH		Nurse		F	Reti	red	1
1	13a. S	AL RESIDENCE (NOU	136_COUNT	TY /	13c. CITY OR	TOWN	132 INSIDE CI	TY LIMITS?	13e STREET ADDRESS	/ ZIP CO	DE O	49	9/10	1
1		d.	Mon	t.	S.S.			NO []	_1618 Ma	ydal	e Dr	rive		
7		THER'S NAME FIRST		IDDLE	LAS	Ŧ		MAIDEN NAM	AE MIDDLE			LAST		
U		Alexande	r	Po	pruck	ς	Mary					UN		
,		VAS DECEASED EVER		VAR OR DATES	166 SOCIAL	SECURITY NO.	17 INFORMAN	VĪ	ADDI	ESS				
		None	(IF YES, GIVE	WAR OR DATES	028 (	05 1991	Eller	Carl	son (Daug	nter				BE_
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY:										APPROXIA BETWEEN O	MATE INTERV	AL DEATH
		IMMEDIATE CAUSE (0) Respiratory and												
		DUE TO, OR AS A CONSEQUENCE OF												
		Conditions, if ony, which ( (b) agriculture prelimenta												
		gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF												
		underlying cous	e lost.	(c)_		Stroke								
1		PART 2 OTHER SIG	NIFICANT CO	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR COI	ADITION C	SIVEN IN	PARI Iro		
	CERTIFICATION		250	herric 1	reat	discose	, heart	faithe	. Natheta	M	llite	3		
7	CAT	190 DATE OF OPERA			ITION FOR W	HICH OPERATIO	N WAS PERFOR	MED	20s AUTOPSY?	20b. IF Y	ES, WERE	E FINDIN	GS USED	
	TE								YES NO		TIFYING (	CAUSES	OF DEATH	1?
7	CER	218. ACCIDENT WAS UN	DERLYING	21b. TIME O			21c HOW INJ	URY OCCURRE	ED (ENTER NATURE OF IN)			PART 2)		_
		OR CONTRIBUTING		(1	M. MONTH									
Н	MEDICAL	(IF EITHER, NOTIFY MED 21d INJURY OCCUR		P 21e PLACE		19	21L LOCATIO	N						
	ME	WHILE NOT W	ORK			FFICE, FARM, ETC.)	STREET		CITY OR T	NWC	co	YIMU	STA	ATE
		22s I certify that (	) (this hospito	ol) ottended th	e deceosed fi		+	1982	10 Pres	ent	. 19		hot (I) (w	e) lost
		saw the deceased alive on 3/18 19 8 5, and that in (my) (aur) opinion death occurred an the date and haur an above. (I) (we) (did) (did not) view the body offer death.									aur and f			
		22b. SIGNATURE	(ala) (ala nor)	view the body	offer deoff.		DEGREE				-	-	KINED /	-
				/	AMAA	21.61		TENDING	MEDICAL STA	FF.	- 1:	3/1	0/0	15
+		22d. PHYSICIAN'S N	IAME (TYPE OR	PRINT)	20000		22 ADDRESS	HYSICIAN N	DIRECTOR PHYS	CIAN	-	11	110	4
		MAR	KK	1	I		12		Univent	RI	rd 1	W.	Whent	24
۲	23a R	URIAL, CREMATION	REMOVAL	23b DATE	1	23c NAME OF CI	METERY OR C		1234 LOCATION					
		ürial	,	3/23/	85	Woodla				New	Han	mpsh	ire	ATE

FHTHESTRinaldi 11800 New Hamp. Ave. S.S. Md DATE RECID BY REGISTRATE 256 REGISTRATE SECONDA PROJECT PR

DHMH - 16 50M 4/83 (VRA 15, 4)

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(VRA 15, 4)

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ouning Tax. 25 1935 Classon Committee Taxidnation, D.C. Francis I. Callins Sec University Tivi., Siver String, Mi.

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STATE OF MARYLAND

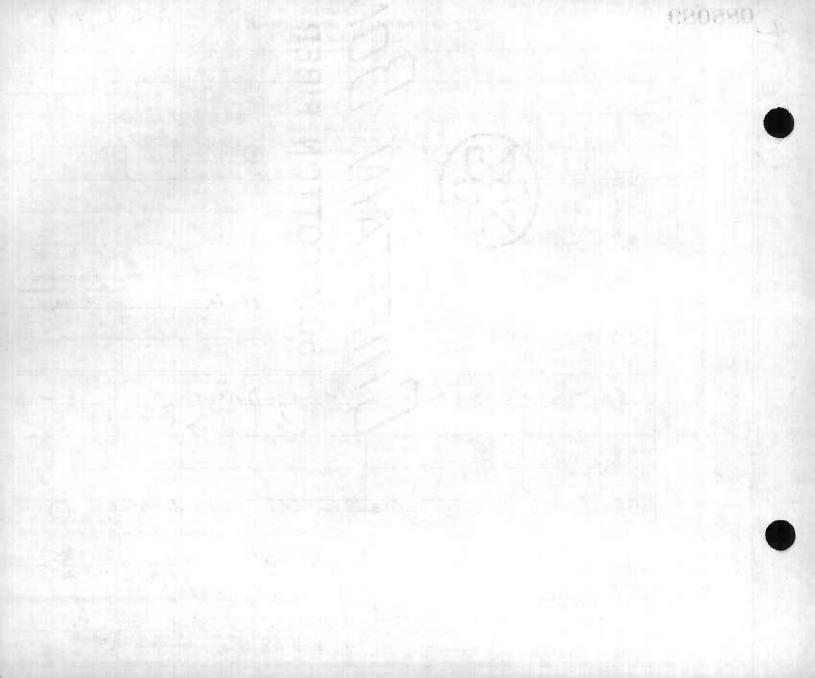
A					STAT	E OF MARYLAND	8 5	0 8 7	9 9
1	FOR STATE			DEPART		HEALTH AND MENTAL HY	GIENE		2
	REGISTRAR					FICATE OF DEATH	REG. I		
	CEASED NAME E OR PRINT)	FIRST		WIDDLE		EAST	20 DATE OF DEATH		10
		Alle	en			cter, Sr.	March 1	8,1985	8:40 RM
3 SE	3 SEX 4. RAC				S. DATE (		6. AGE (IN YEARS LAST E	IF UNDER 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
	Male		Black			1, 1904	81	MIN.	
To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)			76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D X NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEAT	н
	Md.		77 M %			ED DIVORCED	Montgo	MD.	
10. C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPA		ND OF BUSINESS OR
	Olney		Mont	gomery	Gene	ral Hospita			TK1
USU 13a	AL RESIDENCE HE NURS	136 COU		GIVE RESIDENCE BEFOR		13d INSIDE CITY LIMITS?	113e STREET ADDRESS	/ ZIP CODE	
M	Md.	Mon	tg.	Silver S	pring	YES NO		ley's Lane	20906
14 F.	ATHER'S NAME		WIDDLE	IAST	11.00	15. MOTHER'S MAIDEN NA			LAST
	Henry	Car	ter				Unknown		(AS)
160.	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	423	19 <sup>SS</sup> Muncaste	r Mill Rd.
	No			218-20-	1367	Mary Lee (Da	aughter) Roc	kville, Md.	20853
	18 CAUSE OF DEATH	H Enter o	nly one couse per	r line for (o), (b), on	Alc:1			BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
-0			TE CAUSE (o)	Cerc	Sro	vascular	accident		4 days
	3000		DUE TO, O	R AS A CONSEQU	ENCE OF				
	Conditions, if any,		(b)_						
	couse (o), stotin	g the	DUE TO, O	R AS A CONSEQU	ENCE OF				
	underlying couse		( (c)_						
7	PART 2 OTHER SIGN	VIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION GIVEN IN PAR	1110
101	Chro	me	055	tuetrie	9 /	Muninas	Disease		
CERTIFICATION	190 DATE OF OPERAT	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIT IN CERTIFYING CAU	VDINGS USED USES OF DEATH?
RTIF					- 3		YES NO	YES 🗌	NO 🗆
	210. ACCIDENT WAS UND	_		OF INJURY .M. MONTH D.	AY YEAR	21¢. HOW INJURY OCCUR	RED (ENTER NATURE OF IN.	IURY IN ITEM 18 PART I ORPAR	T 2)
CAI	(IF EITHER NOTIFY MEDIC	CAL EXAMINE	R) P.	M.	19				
MEDICAL	21d INJURY OCCURR			OF INJURY REET, FACTORY OFFICE, F	ARM ETC )	211. LOCATION STREET	CITY OR T	IOWN COUNT	Y STATE
	AT WORK AT WOR	RK			,				
	220.1 certify that (1) sow the decease	this hosp	ital) attended th	e deceosed from_	Man	, 17	to Mine	4 (8, 19 8)	_, tha (l) we) last
W	ODOVE, (T)(We) To	ed olive or	t) were the body	ofter death.	, ar	nd that in (our) opinion	deoth occurred on the	date and hour and from	the causes stated
	226 SIGNATURE		2		-	DEGREE			ATE SIGNED
	6	1-12	34	)	my	) ATTENDING PHYSICIAN	MEDICAL STA	ICIAN 3/	19/85
	22d. PHYSICIAN'S NA			1.0		220 ADDRESS 4000		aytonsville	e Rel,
	Lewis	re	Uart,	(4)		D/uen, in	el- 20072	1	
23a E	BURIAL, CREMATION,	REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
	Burial		3-23-8	5 Pai	cklawr	Memorial Par	k Rockvil	le, Montg.	Med .
24 FI	JNERAL DIRECTOR					rton St. Mo.DAI			

DHMH - 16 60M 7/84 (VRA 15, 4)

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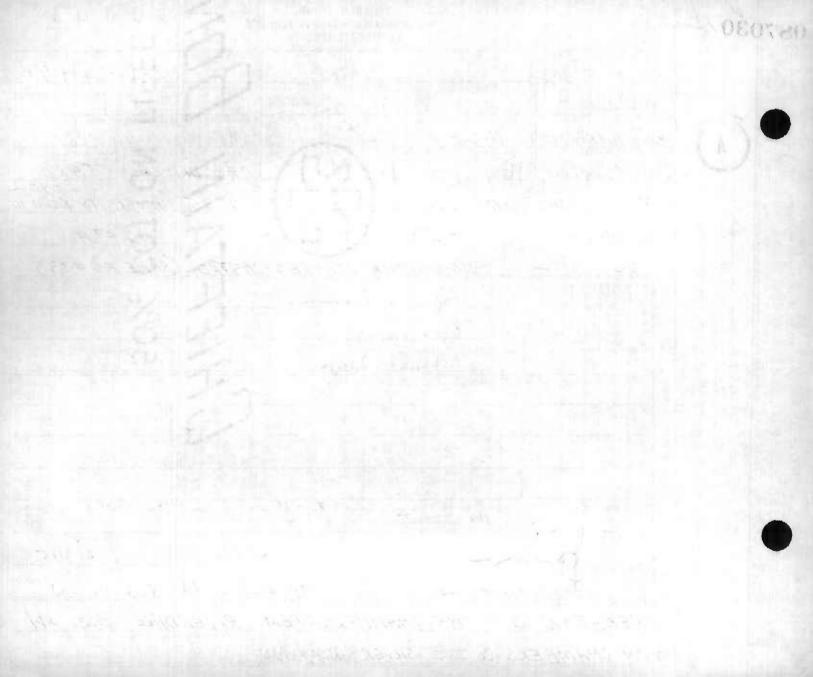
George R. Snowden

246 N. Washington St. Parkers Parker 23 Registrar 23 Registrar 24 Regi



08313	36	1 - 5				DEPART	MENT OF HE	OF MARYLAND ALTH AND MEN CATE OF DEA	ITAL HYGIENE	٦	0 8	8 0	0
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g	)4	SEX	ME	,	NHIT.	¥	S. DATE OF	Day	848	86	VRS.	WENGER LYEAR MONTHS DAYS	HOURS 1
1 11 /	3	e. BIRTI	HPLACE ISTANCO	) H	U-S.	A COUNTRY	MARRIED WIDOWED		RIED L	M61	OR COUNTY		
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24 hours lied in b old be fill mg(be g		/5UAL 13u. 51/		HEAT	Y I	TAKEMA	PARK	THE INSIDER TY	LIMITS?   IJe	STREET ADDRES		AVE	200
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md com	7		S DECEASED EVE	Z IN U.S. ARM	ED FORCES? I	IBL SOCIAL SEC	URITY NO.	IT INFORMANT	o p	1 20	PRESA	112	1
De e	/		yes	Mary/		712-44	-> 16A	Mug	K. bez	lex-N	ye	100	)
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of the dr or remo- coments			gave rise to in cause (a), stat underlying cour	mmediate ting the	DUE TO, OR	AS A CONSEQU	UENCE OF	Poh	00 1	2-0		6	0
m m m		8	ART 7. OTHER SK	GNIFICANT CO	ONDITIONS CON	NTRIBUTING TO	DEATH BUT F	OT RELATED TO	THE TERMINA	DISEASE OR C	ONDITION GR	TEN IN PART I	0 /
4 2 4		§ L		Seve		antini		11					
the state of the s	7	CERTIFICATION	BATE OF OPER	ATION -	IS CONDITI	ION FOR WHIC	H OPERATION	WAS PERFORM	ED.	10a AUTOPSYT	IN CERTIF	S, WERE FINDS FYING CAUSE:	S OF DEATH
The con the period	4	E -	In. ACCIDENT WAS D	entres FI	21h TIME OF	10.000.0000		ZIc HOW INJUR	***************************************	res [] NO[	1*	25 []	NO []
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Con Control (19)	1	~ -	IF THIRE, HOTET ME		P.M.	-	19	211. LOCATION			CONTRACT OF		
E TAPE		ME!	west ET water			ET, FACTORY, OFFICE	JARM ETC.)	19861		CHTC	etown	COUNTY	35.8
Afre and another and another a			20 I certify that	1000	At anticoded the	descript from	- 1	db	10 8 /	· Fu	6 28	10 CL	these (T) Ann
O. C.		I.	sow the deced	osed olive on	2-2	-X 19_	01 60	that in my ou		h occurred on th	e date and hou	ond from the	couses state
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by the by the by the by the by the best det	-+	7	2d. PHYSICIAN'S I	NAME LIVE OR	POINTS	ans	12	PHY 22e ADDRESS					- / -
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zor v		PART 2 OTHER SIGNIFICAL	NT CONDITION	S CONTRIBUTING	TO DE ATH BUT N	OT RELATED TO	THE TERMIN	IAL DISEASE OR C	ONDITION	GIVEN	IN PART 1	0	
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NG PHYSICIAN The low requir ottending physician.  Ifter this certificate has been signs the burrol-tronsit permit. Then th and Mental Hygiene prior to be drived or them 18 shows any injury	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLA   AT HOM	ACE OF INJURY E STREET FACTORY, OFF		211 LOCATION STREET	1	CITY	OR TOWN		COUNTY	5'	TATE
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AL OR ATT the hospital AL DIRECTO etoched for the Dept. of	1	22 STONATURE Orvelel	S. Dill	en la	DI	GREE ATTEM	NDING SICIAN IX	MEDICAL DIRECTOR   PH	STAFF YSICIAN [		220 DATE 21 /	SIGNED	5
TO HOSPITA before to Funeral by the State of Manual be de with the State of Manual before the Manual b		Donald E.	Oillon,			22e ADDRESS	2901	Olney - Ja	ndy 5,		Rd.		
5 5 5 4 X	23e	BURIAL, CREMATION, REMOV	AL 236 DATE	March 12		AETERY OR CREA		23d LOCATION	N		UNIV		TATE
BP		ISPECIFY Burial	23,			n Mem.I		Rockvi	11e,			nd	715
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR RODE	ert A.	Pumphre	y Fune	ral	25e DATE	REC'D. BY REGISTI	RAR 25b. REC	SISTRAR	'S SIGNAT	URE	
(VRA 15, 4)	H	omes, P.A. I	COCKV1.	ile, Mar	ryland	20850	MAR	6 1985	0 0.	UKÓN	A (10m	dow.	

J.Wm.Lee's Sons Co.300-4th St., NE, Wash., DC2000AR

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

STATE

DECEASED NAME TYPE OR PRINTI

REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2a. DATE OF DEATH 6. AGE THYEARS LAST BRITISIAYS BALTIMORE CITY OR COUNTY OF DEATH THE KIND OF BUSINESS OR CTYPE OF WORK FOR HOLD OF WORKING LIFELY INDUSTRY at home 13e STREET ADDRESS / ZIP CODE 20906 3906-Ilford Road EAST Shui Man Yung(Son) 3906-Ilford Rd., Wheaton, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH da 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) , and that in (my) (aur) opinian death accurred an the date and haur and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN Washington National Cem., Suitland, Pr. George Co., MD 25a. DATE REC'D. BY REGISTIVE 136. BLOCK PARTS TO MAIN

STATE OF MARYLAND

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STATE OF MARYLAND	100
EPARTMENT OF HEALTH AND MENTAL HYGIENE	east.
CERTIFICATE OF DEATH	DEC NO

REGISTRAR				CERTIF	CATE OF DEATH	REG. N	Ю.		
DECEASED NAME	FIRST	^	AIDDLE		AST	20 DATE OF DEATH	MONIH DA	YEAR	26 HOUR
TYPE OR PRINT)	Eliz	abeth	S.	Ch	apman	March		1985	
SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY) IF	ONTHS DAYS	IF UNDER 24 HR
Female	1930	Caucasi	an	111-	23- 1899	85	YRS.	DA13	HOURS MIR
BIRTHPLACE (STATE OF	R FOREIGN	76 CITIZEN OF			NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
Kentucky		United	States	WIDOWE		Montgome	ery		٨
city or town of DE Bethesda	ATH	(IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS)	sing Home	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Homemaker		126. KIND C INDUSTRY Home	F BUSINESS C
UAL RESIDENCE (IF NUI	RSING HOME OR	OTHER INSTITUTION.	GIVE RESIDENCE	BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 3235 Patte	/ ZIP CODE	t., N.	1. 2001
FATHER'S NAME Charles		MIDDLE	Simm	ons	15 MOTHER'S MAIDEN NAME FIRST Eliza	ME		Mort	51
WAS DECEASED EVE	PINIS AR	MED FORCES?	IAN SOCIAL	SECURITY NO.	17 INFORMANT	ADDR	ESS	PIOI	,011
(YES, NO OR UNKNOWN)		E WAR OR DATES)		54-9567	James R. Mic	hal 1120 2	20th St	. N.W.	. Wash.
IS CAUSE OF DEA	TH (Enter on	ly one couse per	line for 10 . (	b and ic				APPROX	MATE INTERVAL
PART I. DEATH	WAS CAUSE	D BY:	BRER		MROSIL, RIC	ur Minis			YENRS
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b AUTOPSY? 20b. IF YES, WERE FINCERTIFYING CALL YES NOTE: NO									
190 DATE OF OPERA	ATION	19b. CONDI	TION FOR W	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?			NGS USED OF DEATH?
210. ACCIDENT WAS UP OR CONTRIBUTING [ (IF EITHER NOTIFY MED 210 INJURY OCCUP	CAUSE OF DEA	TH HOUR A.	M. MONTH	H DAY YEAR	21¢ HOW INJURY OCCURE	2000	JRY IN ITEM 18 PAR	RT I OR PART 21	
21d INJURY OCCU	RRED	21e. PLACE	OF INJURY	OFFICE FARM ETC.)	21f. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
270.1 certify that saw the decea abave, (1) (we)	sed alive an		9		d that in (my) (our) opinion i	death accurred on the d		ond from the	
226 SIGNATURE	R.Q	amer		7	DEGREE  ATTENDING PHYSICIAN	MEDICAL STA	IFF CIAN []		SIGNED
22d PHYSICIAN'S N		11-401141	4		27e ADDRESS 540]	l Western	Ave.	N. W.	•
177 7		ames,	M. D			nington,	D. C.	200	15
BURIAL, CREMATION (SPECIFY) Burial	I, REMOVAL	23b DATE 3- 15-	1985		emetery or CREMATORY coln Cemetery	Brentwood	3 N	arylar	nd STATE
FUNERAL DIRECTOR	Josep	h Gawle:	r's So		25a. DAT	e rec'd, by registrate			URBER Y

DHMH - 16 60M 7/B4 (VRA 15, 4)

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE REGISTRAR CERTIFICATE OF DEATH

	REOISTRAN				REG. NO.			
	CEASED NAME FIRE	31	A IOOI E	LAST	A .	ONTH DAY YEAR 26 HO	OUR	
	G1ady	s Pe	arman	Chase	Mar. ó	14, 1985 3	IA	
SE	X	, 4. RACE		ATE OF BIRTH	6. AGE (IN YEARS LAST OFFTH	MONTHS DAYS HOUR		
	Female	Caucas	ian A	pril 13, 1898	86	YRS. HOURS	AI M	
	IRTHPLACE (STATE OR FOREIG	76. CITIZEN OF	WHAT COUNTRY?	ARRIED NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	· E	
	Missouri		States   will	DOWED X DIVORCED	- MONTO	20 MERY	ty	
. C	TITY OR TOWN OF DEATH		HOSPITAL, NURSING HO	OME OR OTHER INSTITUTION	128 USUAL OCCUPATIO		NESS C	
5	ethesda		urban	Hospital	Homemaker	Own Hon	ne .	
	IAL RESIDENCE (IF NURSING H		GIVE RESIDENCE BEFORE ADMI					
-			Rockville	YES X NO 1	? 4212 Norbe		3	
_	aryland M	ontgomery	ROCKVIIIE	15 MOTHER'S MAIDEN		ck Road 2005	_	
	FIRST	MIDDLE	tAST	FIRST	WIDDLE	LAST		
		Newton	Pearman	Louisa		Shaver		
	WAS DECEASED EVER IN U	.S ARMED FORCES?	166 SOCIAL SECURITY	NO. 17. INFORMANT	ADDRES	S		
,	No	,	115 42 629	1 James A. (	Chase same as	13e		
	18 CAUSE OF DEATH (En	itei only one couse per	line for (o), (b), and (c).	1		APPROXIMATE IN BETWEEN ONSET A	TERVAL ND DEA	
	PART I. DEATH WAS C	AUSEÓ BY: AEDIATE CAUSE (0)	Conjusto	T. annet				
2				H BUT NOT RELATED TO THE T				
CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPE	ration was performed	200 AUTOPSY? YES ☐ NO ☑	206. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO	IFYING CAUSES OF DEATH?	
2	21a. ACCIDENT WAS UNDERLYI	110110			URRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)		
	OR CONTRIBUTING CAUSE	OFDEATH	M. MONTH DAY	YEAR 19				
MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	211 LOCATION				
2	WHILE NOT WHILE	(AT HOME, STR	EET FACTORY OFFICE, FARM E	TC } STREET	CITY OR TOW	N COUNTY	STATE	
	AT WORK	handal managed at	deserved from	7 10	3 - 3- 3	4 10 85 1		
			preceased from		, TO	E-L IY Thorac		
	220 I certify that (I) (this	40.0		2 and that in (my) (aur) anin	ion death occurred on the dat	e and hour and from the course	_ ,	
	sow the deceased of	IVE OH 50			ion death occurred on the dat	e and hour and from the couses	stated	
	saw the deceased of	IVE OH 50	1 19 8	DEGREE ATTENDIN	G MEDICAL STAFF	22c DATE SIGNE		
	sow the deceased of above (Illustrate) Islied (1978) SIGNATURE	IVE OH 50	1 19 8	DEGREE ATTENDIN		22c DATE SIGNE	stated	
	sow the deceased of above discrete (1) shid to 1778. SIGNATURE	TYPE OR PRINT	1 19 8	DEGREE ATTENDINI PHYSICIAN	G MEDICAL STAFF	22c DATE SIGNE	stated	
	sow the deceased of the control of t	(TYPE OR PRIN)	alter deoth.	DEGREE ATTENDINI PHYSICIAN	G MEDICAL STAFF	Rd ROUR	stated D -85	
	sow the deceased of the property of the proper	(17PE OR PRIN) OVAL 23b. DATE M. 27, 1	Jarch 23c NAME	DEGREE ATTENDIN PHYSICIAN 220. ADDRESS	G MEDICAL STAFF N- DHRECTOR PHYSICI.  PINS M(()  RY 23d LOCATION CITYOR TOWN  ALEXAND	Rd ROCK	stated D -85	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

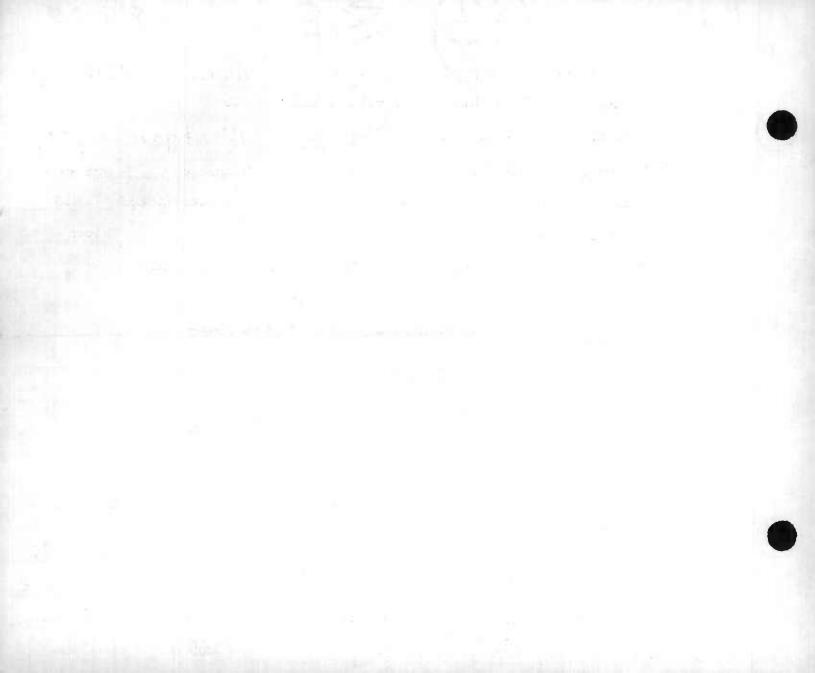
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should be detached for use as the burial-transit permit. Then please remaye carbanpape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal

MPORTANT: If them 21 is marked at them 18 strain

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20850 Rockville, Maryland



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1)			Hai Chin		CERTIF	CATE OF DEATH	RÉG. NO		1000	
( B.		CEASED NAME FI	est	MIDDLE	1	AST /	2a DATE OF DEATH	MONTH DAY		HOUR
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	T	akoma Park		gton Adve		Hospital	Housewife		at hom	ie
noq ui d	USU 13a.	AL RESIDENCE (IF NURSING )			RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	710 CODE		
# Fills 24			r.George	Silver			8328-Navah	oe Drive	209	203
q 27		ATHER'S NAME	WIDDLE			15. MOTHER'S MAIDEN N	AME			
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d co		VAS DECEASED EVER IN L		166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRE	SS		
S c c c	-	NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	579-42-	1950D	Richard Tan	g(Son) Same	as #13		
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phy npo movent		PART I. DEATH WAS	CAUSED BY: AEDIATE CAUSE (a)	Carain	near	Dithe Chul	nella A U	alex		
N Sing	13	imn				1	1)			
he death certifine of death certifine of death certifine of emove corbon primoriton, ar remover traumotic ever		Conditions, if any, wh		OR AS A CONSEO	DENCE OF "					
Train train		gave rise to immedi	ate )							
			the DUE TO, o	OR AS A CONSEO	UENCE OF					
201 pled priol		PART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MIN AL DISEASE OR CONI	OITION CIVEN IN	PART No	
devir	Z			29*************************************	P D E M I M O O I	TO THE PER	MINAL DISEASE OR COM	ALL OLD CIVELY MA	AKI /IU	
Ony in the real of	CERTIFICATION	190 DATE OF OPERATION	1 19b CON	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WER	E FINDINGS	USED
hos ne per	Ä		NE PER				YEST NOW	IN CERTIFYING YES		DEATH?
ysicing ysicing Hygiel	CERI	210. ACCIDENT WAS UNDERLY		OF INJURY		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI			<u> П</u>
Physical Phy		OR CONTRIBUTING CAUSE								
DIVISION OF VITAL RECORDS, 201 W. PHYSICIAN. The law requires that it attending physician.  The this certificate has been signed by 1 os the burial-transit permit. Then please it have admental Hygiene prior to burial, cred or them 18 shaws any injury, are other arked or them 18 shaws any injury, are other and the statement of t	MEDICAL	21d INJURY OCCURRED		P.M. E OF INJURY	19	211 LOCATION				
the the ond ced of	M.	WHILE NOT WHILE	] AT HOME S	STREET, FACTORY, OFFICE	FARM, ETC )	STREET	CITY OR TO	VN CC	OUNTY	STATE
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A He S		saw the deceased a	live on 3	7 19	81/ on	d that in (my) (que) opinia	death occurred on the do	ite and have and	from the cours	(I) (we) last
RECT ed for ph. o ph. o	14	abave, (1) (we) (did) (	(did-not) view the bod	dy after deoth.		DEGREE			2c. DATE SIGN	
the h	8.4	17		1		1- ATTENDING	MEDICAL STAF	F .	21010.	
PITAL by the ERAL Store ANT.		22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	No.		22e ADDRESS	DIRECTOR PHYSIC	IAN [	2/9/87	0
HOSPITA FUNERA Suld be de th the Stot	1	ANITON	1.2 0	011.	1200	031/1:11	301 9	# 21-5.	S. Mu	1 2090
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	23a I	BURIAL, CREMATION, REM SPECIFY BUTIAL				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COU	NIY	STATE
BP			March	18,1986	George	Wash.Cemete:	ry Adelphi, P	rince Ge	orge C	0.,MD
DHMH - 16 50M 4/83		INERAL DIRECTOR	a de 200 l	ADDRESS	m 1.71-	DC20002 MA	TE REC'D. BY REGISTRAR	256 REGISTRAR'S	SIGNATURE	. 00
(VRA 15, 4)	0 .	Am. Dee B JOU	5 60.300-4	+UII DT. , N.	L. wash	· DUZUUUZI MIR	K T SE LINE 4	I WILD NUMBER	DAY- Marlor	

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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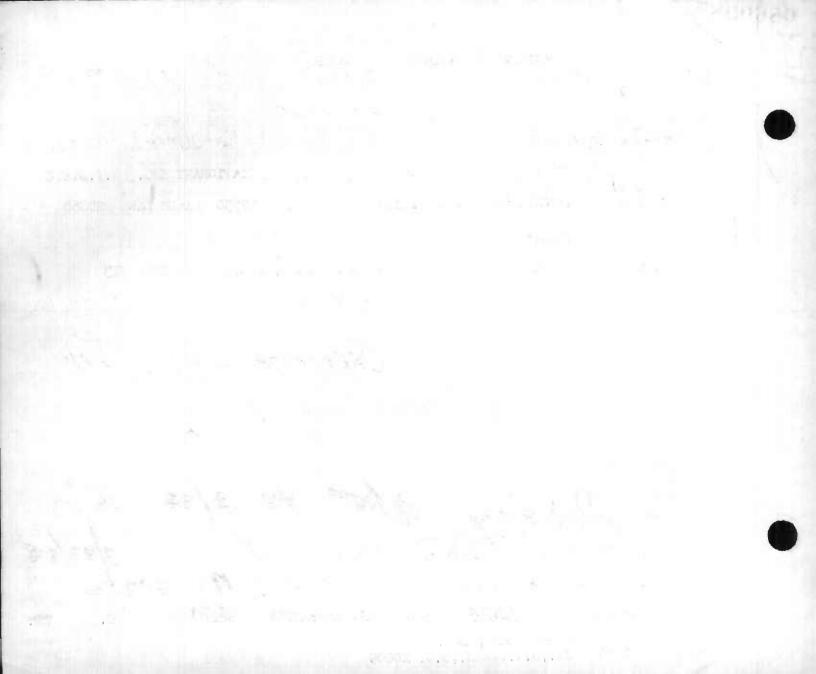
	1 -	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	O.	
П		CEASED NAME FIRST	N	AIDDLE	1	AST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	TITPE	OR PRINT)	NCY LEE	CHURCH	WELL		MARCH 24	1985	9:30 P <sub>M</sub>
	3. SE	Х	4 RACE	5. DATE OF BIRTH			6 AGE (IN YEARS LAST BIR		
ij	F	EMALE	CAUCAS	IAN	API	RIL 7 1938	46	YRS MONTHS DA	TS HOURS MIN.
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1	_	STRICT OF COLUM	RTA HNT	TED STA	ATESVIDOWE	D NEVER MARRIED	MONTGON	ERY	AAD
5	-	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a USUAL OCCUPATI		O OF BUSINESS OR
1	n	ETHESDA /		FACILITY, GIVE S	DSPITAL		HOUSEWIFE		₹Y
	-	AL RESIDENCE (IF NURSING HOME OF					HOOSEWIFE		
5	130 5	RYLAND PRINC	VIY	13c. CITY OR		13d INSIDE CITY LIMITS?	130 STREET ADDRESS A 1515 RICHI	ZIP CODE E MARLBORO	ROAD 2074
1	T) FA	ATHER'S NAME	WIDDIE	LAST		15 MOTHER'S MAIDEN N	AME		EAST
90	-	GUY HALL	MODEL	6701			H ELIZABETH		1931
7		VAS DECEASED EVER IN U.S. AF		166 SOCIALS	SECURITY NO.	17 INFORMANT	ADDRE	SS	
b		YES, NO OR UNKNOWN) [IF YES GI	VE WAR OR DATES)	578-48	8-1510	JAMES L.HALL	.1922 COUNTY	ROAD, APT	203.
H		18 CAUSE OF DEATH (Enter or	nly one couse per				LE , MD 20747		OXIMATE INTERVAL EN ONSET AND DEATH
		PART I. DEATH WAS CAUSE			ratory f		22 ,12 20		
		IMMEDIA			,	allure			
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		gave rise to immediate couse (a), stoting the	(6)			7778 777	40° 11 16 16 16		
Н	13	underlying couse lost.	DUE 10, OR	AS A CONSI	EOUENCE OF				
F		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART	110
	Z						THE DIOLAGE ON CO.	D11011 01121 111 1111	
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WI	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIN	
1	IFE	Children and					YES TI NOTY	IN CERTIFYING CAUS	SES OF DEATH?
7	SER	21a. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU		-
1	AL	OR CONTRIBUTING CAUSE OF DE	AIII	M. MONTH	DAY YEAR				
	MEDIC	116 INJURY OCCURRED	P./		19	211 LOCATION			
	ME	MINI O NOT WHILE O			FICE, FARM, ETC 1	STREET	CITY OR TO	WN COUNTY	STATE
	33	22a.1 certify that (I) (this hasp	inal) assembled she	deserved for	om MARO	CH 20 10 85	MARCH	24 1085	above the forest line
		saw the deceased alive ar	MARCH	24	OF	nd that in (my) (our) opinion	, 10		_, that (1) (we) lost
		above, (I) (we) (did) (did no	ot) view the body	ofter deoth		DEGREE			ATE SIGNED
	10	DAM M		10		ATTENDING	_ MEDICAL _ STA	FF \ 17/-	MARCH 85
-		22d PHYSIC LL NAME (TYPE		c usur		PHYSICIAN  22e ADDRESS NAVAI	HOSPITAL N	11111 2016	
1		7)		MC IIC	NID		APITAL REGIO		
1	-	D.L.GRIFFEN,I						NUCATITAGE	, III 20014
-	23a E	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
		Burial	28Marc	2n85	Cedar	Hill Cemet	ery Suit	Land PG	Md

DHMH - 16 60M 7/B4 (VRA 15, 4)

Robert E Wilhelm Funeral Home

- C. 1100 The same of the same of mayound U.S.A. W. S.A. War County Take my Page mering the the hours musicage MACHEN BY GED THEM ARE MAY MICE SEPIL GARLING MARY E BURNET ROBERT . 575-05-2722 MARY & MILLEY, 469 BOY) POLE THE State of the second sec Dated that with Little Lander Barbary Blackery Col Mil MAR 2 6 885 Ale Juden Marie

86098	1.	FOR - STATE		DEPA	RTMENT OF HEALT	MARYLAND IH AND MENTAL HYG	ENE 5	0 8	8 0	9
( P) ab	Y	REGISTRAR	RSIVERNON	MIDDLE EVER		TE OF DEATH	REG. 1	NO.	YEAR 2b	HOUR
b con the contract of the cont		CORPRINT	TNON	E A EEC		9 R 15		3 - 23		yo m
E Q i	3. SE		4. RACE	(	5. DATE OF BIR		6. AGE (IN YEARS LAST E			UNDER 2. HRS
ge 4	L	m		CASION	12-	10-08	76	YRS.		Mild,
h. Po	1 1	SIRTHPLACE (STATE OR FORE	1	OF WHAT COUNT	RY?	NEVER MARRIED -	9 BALTIMORE CITY		DEATH /	
he funerol within 72 h		ARBWICK, Ver		J.S.	WIDOWED T	DIVORCED	MONT QC		COUNTY	MD.
0 +0 +/1	6	andy Span	(IF NOT IN	SUCH FACILITY, GIVE S	REET AOORESS]	NSG Hom S	STATIONAR	OF WORKING LIFE)		
hours hours be fill	USU 130	JAL RESIDENCE (IF NURSING STATE 13b	HOME OR OTHER INSTITUTI	ION, GIVE RESIDENCE B	FORE ADMISSIONS	INSIDE CITY LIMITS?	130 STREET ADDRESS		WILIDIA	116
satimore, martiano 11 to sold be executed within 24 hours of ysicion and completely filled in by opers. Pages 1 and 2 should be filled in, the medical examines rust be ap	MA		IONTGOMERY	SANDY	SPRING YES	s 🗆 NO 🖔	17330 QUA	KER LANE	20860	)
within within d 2 st	IA. F	ATHER'S NAME	WIDDLE	LAST	15. A	MOTHER'S MAIDEN NAM	MIDDLE		LAST	
comple I ond	4	WAS DECEASED EVER IN	LARK U.S. ARMED FORCES	S? 16b SOCIALS	ECHBITY NO. 17 I	EDNA CL	ARKE	QFSS		
n and ce	100		FYES, GIVE WAR OR DATES		248.00	UTH CLARK, W	TER SAME A	S TTEM #	13	
Attention pers. It is not the m	H	18 CAUSE OF DEATH			Jandies .			J 1130 #	APPROXIMATE BETWEEN ONSE	E INTERVAL T AND DEATH
physicale manaple emanal		PART I. DEATH WAS	CAUSEĎ BY MEDIATE CAUSE (¤),	(A	Remo.	MATOSIS	5		TER	17,
th cer nding corbo				OR AS A CONSE	OUENCE OF					
he death certific he attending ph emove corbang mation, or rema	К	Canditions, if any, w				7				
W. W		cause (a), stating underlying cause	the DUE TO	, or as a conse	QUENCE OF	Remoni	9 LUN	7	6 M	D .
ned In plea		PART 2 OTHER SIGNIFIC	CANT CONDITIONS	CONTRIBUTING		RELATED TO THE TERM			IN PART Ito	
ING PHYSICIAN: The low required this certificate has been significant. The bound-transit permit. The hand Mental Hygiene prior to borked or Item, 18 shows ony injury.	CERTIFICATION	EN DUE OF DESCRIPTION	To con	10.00.00.00.00.00		- C. DECOT O. D C. D.	The supposition	Ton or over the	ERF FAIRNIO!	
no bermine print	IFICA	196 DATE OF OPERATION	N. CO	ADITION FOR WE	HCH OPERATION WA	10 NERFORMED	YES [] NO		ERE FINDINGS IG CAUSES OF I	
IAN. The physicion inficote hiteronsit of Hygier of Hygier in 18 short	CERT	21e. ACCIDENT WAS UNDERLY		E OF INJURY	210	HOW INJURY OCCURR				U
PHYSICIAN. ending physic this certificol te burial-fron d Mentol Hy d or Item 18 s		CR CONTRIBUTING [] CAUS LESSINGS, NOTIFY HEDICAL I		A.M. MONTH P.M.	DAY YEAR					
PHYS ending this of the bund we don't don't don't	MEDICAL	214. INJURY OCCURRED		CE OF INJURY		LOCATION	onof	Dinia	COUNTY	STATE:
After oth or the norke		at your Line			11/10	- 04	1 2/	-3	96	
TEND TOR OR Pr use		73x1 certify that (1) 1th	n hospital attended	3 deceased to	1/2-1	at in (my) (pur) opinion o	ingth accurred on the	date and how or	at from the cour	(t) (we) lost
R ATTER Hospith Hospith Hed for them 21	1	72h SATING	(Aid not wine the bo	death.	DEGR	REE			27c. DATE SIGI	NED
AL D AL D detoc	,	Touka	A.C.	lugar	MI		DIRECTOR PHYS	AFF ICIAN [	3/23	185
O HOSPITA  TO FUNERA  Should be di  with the Sta	7 -	224 PHYSICIAN'S NAME	(TYPE OR PR	1		ADDRESS	J MI	7.0		
TO HOSPITAL (TO FUNERAL IS should be deton with the State IMPORTANT. If	-	TO ON THE	~ K. C	EWIS	MD	OLNE	7,1/2	508	32	
BP	230	SPECTREMATION REA	3/24	/85	CEDAR HILI	L CREMATORY	23d. LOCATION SUTTWA	ND «	PG.	MD.
DHMH - 16 50M 4/B3	24.1	UNERAL DIRECTOR RI	CHARD RAP	P. INC.		25a DATI	REC'D. BY REGISTRA	R 25b. REGISTRAR	'S SIGNATURE	
(VRA 15, 4)		1804 T S	T., N.W., W	ASH., D.	20009	MAR	2 6 1985	Via Davids	on-Handel	مانة



BP.

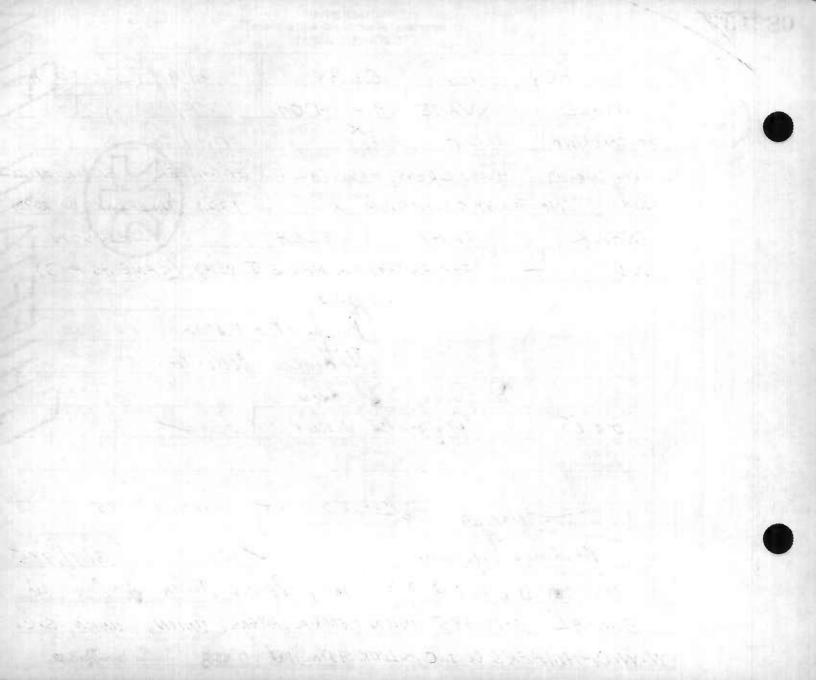
DHMH - 16 60M 7/84

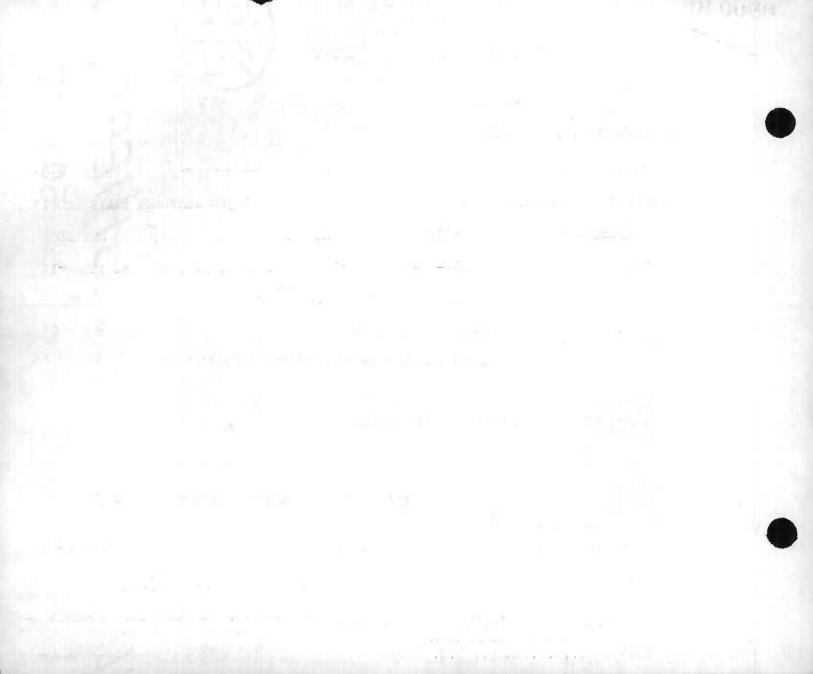
(VRA 15, 4)

082137

# STATE OF MARYLAND

	1-	STATE REGISTRAR	DEPA	CERTIFIC	CATE OF DEATH	REG NO.		
1		EASED NAME FIRST	WIDDLE	LAS	1.0.1	20 DATE OF DEATH, MONTH	DAY YEAR	26 HOUR 3 3 2
	3. SEX	ROY	RACE	5. DATE OF	LAY BIDTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR	3 3 M M
	J. JEA	MALE	MALTI	- MONTH	- 2-19 OF	27 YRS	MONTHS DAYS	HOURS MIN.
1.		RTHPLACE (STATE OF FOREIGN 76	CITIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
		O. CAROLINA	U.S.A.	WIDOWED	_	MONTGO	Co.	MD.
1	10 CI	TY OR TOWN OF DEATH . 11	(IF NOT IN SUCH FACILITY, GIVES)		OTHER INSTITUTION	120 USUAL OCCUPATION (14PE OF WORK FOR MOST OF WORKING L	IFEI INDUSTRY	BUSINESS OR
4	USUA	LVEK SORING  L RESIDENCE (I NURSING HOME OR OTH		655 HG	SPITAL	ENGINEER		NEERING
	130 S	Md. MONI	TGOMERY SILVE	RSPANG	36 INSIDE CITY LIMITS? YES 🔀 NO 🗌		EOAKS	DR 2090/
7	14 FA	THER'S NAME FRANK	CLASI CLASI	V	5 MOTHER'S MAIDEN NAM	WIDDLE	LAW.SI	20/
	160 V			ECURITY NO.	17 INFORMANT	ADDRESS		
	( Y	ES, NO GRUNKNOWN) (IF YES, GIVE W	248-3	12-7249	MRS. MARIE	J. CLAY (SAM	ME AS A	±13)
		18 CAUSE OF DEATH (Enter only ) PART I. DEATH WAS CAUSED E	BY:	, and relation	asis		APPROXIM BETWEEN OF	NATE INTERVAL
1		IMMEDIATE (	DUE TO, OR AS A CONSE	OUEVICE OF	2	/		
	15	Canditions, if any, which	(b)	OUDINCE OF	Partille	5 Macus		T. N
		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	OUENCE OF	Ribulus.	Culenta		
	NO	PART 2 OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING	1	OT RELATED TO THE TERM	INAL DISEASE OR CONDITION GI	VEN IN PART 110	
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	MULCH OPERATION	WAS PERFORMED VISCUS	INCERT	ES, WERE FINDING IFYING CAUSES OF ES	
7		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURYS HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
	MEDICAL	IN EITHER NOTIFY MEDICAL EXAMINER	P.M.	19	711 LOCATION			
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF		STREET	CITY OR TOWN	COUNTY	STATE
	M	220 I certify that (this hospital saw the deceased alive an	MARCH9		, 17	death accurred an the date and ho		hat H1 (we) last
		obove, (* (we) (did) ( <del>did not)</del> v	riew the body after death.	DE	GREE		22c. DATE S	IGNED
	3	Rubari	Allen a	1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/9	1/1985
		22d. PHYSICIAN'S NAME (TYPE OR PH	SULKIN	Md	22e ADDRESS 18/1/ PM	ince phelip	X- Ola	cy les
		URIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d. LOCATION	COUNTY	STATE _
		BURIAL	3-11-1985	UNION	MEMORIAL GAR	DENS, UNION,	UNION	S.C.
	1/1.		ERS CO. ING	SILVER	SPRING-NUMB	e REC'D. BY REGISTRAR 256. RÉGIS	idana Pa	dago
	_ / /	18. C/////////	1100000	1)	A VALVE	1 1973 Francisco	- I MODA a- NIONA	WALL OF THE PARTY





### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG.	NO.

6	FOR STATE	DEPART	TALE OF MARTLAND  TMENT OF HEALTH AND MENTAL HY  CERTIFICATE OF DEATH	GIENE 5 0 8	3 1 2
133	REGISTRAR  DECEASED NAME FIRST	WIDDLE	LAST	REG. NO.	YEAR 2b. HOUR
	(TYPE OR PRINT)	AUGHN BAKER COAL	F GD	MARCH 31, 1985	10.11001
3	SEX	14 RACE	SR.  Is DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HR
	MALE	CAUCASIAN	MONTH DAY YEAR		NTHS DAYS HOURS MIN
100	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MAR. 6, 1909	76 YRS.	F DEATH
	Maryland	UNITED STATES	MARRIED NEVER MARRIED WIDOWED DIVORCED	MONTGOMERY	
9	O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS
	BETHESDA	(IF NOT IN SUCH FACILITY, GIVE STREET NAVAL HO		(TYPE OF WORK FOR MOST OF WORKING LIFE)  RETIRED	U.S.NAVY
	JOUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)		O.D.NAVI
初り	MARYLAND 13b CO	TGOMERY GAITHER		13e.STREET ADDRESS / ZIP CODE 19905 SPUR HILL	DR. 20879
170	FATHER'S NAME		15 MOTHER'S MAIDEN N	IAME	
100	GEORGE	HOWARD COALE	FIRST	THEL MARY SMITH	LAST
	60 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC		ADDRESS	
medi		2-1969 578-16-	3090 NAOMI LEE C	OALE, 19905 SPUR H	ILL DR
oval.	18 CAUSE OF DEATH (Enter	anly ane cause per line for (a), (b), a			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
vent	PART I. DEATH WAS CAUS	ATE CAUSE (0) RESPIRA	TORY ARREST		
or re	0,4,4,5	DUE TO, OR AS A CONSEQU	IENCE OF		
fion,	Conditions, if any, which		VASCULAR DISEASE		
emo	gove rise to immediate cause (0), stating the	DUE TO, OR AS A CONSEQU	JENCE OF		LIE LE E
ol, cr	underlying couse last.	(c)			
my.		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN	IN PART Tro
0 5-4	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	Time complition ropus	H OPERATION WAS PERFORMED	Les auxoneses Less in views	VERE EINIR BLOCK
	DATE OF OPERATION	198 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTIFY II	VERE FINDINGS USED NG CAUSES OF DEATH?
11	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	1217 HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART	
100	OR CONTRIBUTING CAUSE OF	LIGHT A 11 MONTEN	DAY YEAR	LEWISK NATURE OF INJURY IN HEW IS SANI	ORPART 2)
11/	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M. 21e. PLACE OF INJURY	19 211 LOCATION		
2 2	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
north .			FERRUARY 22 19 85	MADOU 21	0.5
2 2				n death accurred on the date and hour o	85 , that (I) (we)
1 2	abave, (1) (we) (did) (did)	not) view the bady after death.	DEGREE	account of the date and noor o	22c DATE SIGNED
0 8	11/1/	10/000	. ATTENDING	_ MEDICAL _ STAFF _	31MA05
\$ 3-	22d. PHYSICIAN'S NAME (TYPE	ORPRINTI	PHYSICIAN  220 ADDRESS	☐ DIRECTOR ☐ PHYSICIAN 🔀	JIMARO
# 16		Λ		HOSPITAL , NAVAL M	
1 2 1		Y, LT, MC, WENR		PITAL REGION , BETH	ESDA MD 2081
12	30. BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	OUNTY STATE
	Cremation	Apr. 3, 1985 I	ee's Crematory	Washington, DC	
	4 FUNERAL DIRECTOR	Funeral Home	100 == == 1 Int 0	R 2 1985 REGISTRAR 250. REGISTRA	DIC CICALATURE

BP. DHMH - 16 60M 7/B (VRA 15, 4)

		FOR STATE REGISTRAR		STATE OF MARYLAND RIMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO.	3 1 3
3 78		CEASED NAME FIRST OR PRINT)	Ethel	Cohee	March 25, 1985	26. HOUR 4:41A.
î	3. SE)		4 RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HR
rection and with a will be a market	1	Female	White	06 <sup>TH</sup> 29 <sup>AY</sup> 1903	81 YRS.	MONTHS DAYS HOURS MI
deoth. Po		RTHPLACE (STATE OR FOREIGN COUNTRY Maryland	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery	OF DEATH
by the fulled with	ma	akoma Park	(IF NOT IN SUCH FACILITY, GIVE STR	AL Comments of	120. USUAL OCCUPATION (IYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE	12b. KIND OF BUSINESS ( INDUSTRY  Own Home
filled in	M	aryland P	Heritage Heal  OR OTHER INSTITUTION GIVE RESIDENCE BEF  UNITY  G. G. Greenbe	elt YES X NO [	/511 Mandan Road	d #203 20770
ompletely ond 2 cond 2	14 FA	THER'S NAME Howard	Amos:	S Emma	WIDDIE	McMann
n ond comp		VAS DECEASED EVER IN U.S. A YES, NOOR UNKNOWN) (IF YES, G	RMED FORCES? 16b. SOCIAL SE 214-46-		ADDRESS 2 (Son) Same as 13e	e
is that the death certificate day the attending physical lease remove carbon paperiol, cremotion, or removal, or auther traumatic event, the		PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSECTION OF AS	acting arest puence of ac Obstantia h	y drun	APPROXIMATE INTERVAL  BETWEEN ONSET AND DEA:
\$ 0 0 0 b						
The low requires	ERTIFICATION	19a Date of Operation	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION GIVE  200. AUTOPSY?  YES NO CONDITION GIVE  YES YES	, WERE FINDINGS USED YING CAUSES OF DEATH? S \( \) NO \( \)
MYSICIAN: The low requires adding physicion.  Its certificate has been signe buriol-tronsit permit. Then p I Mentol Hygiene prior to buriol them 18 stems and injury.	MEDICAL CERTIFICATION	E OT V	19b. CONDITION FOR WHICE  21b. TIME OF INJURY HOUR A.M. MONTH	CH OPERATION WAS PERFORMED  DAY YEAR  19  211. LOCATION	ERMINAL DISEASE OR CONDITION GIVE  200 AUTOPSY?  200 IF YES, IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO ART LORPART?)
OR ATTENDING PHYSICIAN: The low requires hospitol or otherding physicion.  JIRECTOR. After this certificate has been signe thed for use as the buriol-tronsit permit. Then popt, of Health and Mental Hygiene prior to buri		19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING { OR CONTRIBUTING   CAUSE OF DI LIF EITHER, NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED WHILE   NOT WHILE   AT WORK   AT WORK    22a.1 certify that (1) (this hose	19b. CONDITION FOR WHICE  19b. CONDITION FOR WHICE  21b. TIME OF INJURY HOUR A.M. MONTH ER)  21c. PLACE OF INJURY	CH OPERATION WAS PERFORMED  DAY YEAR  19 211. LOCATION STREET  DEGREE  O DEGREE	PERMINAL DISEASE OR CONDITION GIVE  200 AUTOPSY?  100 IF YES  100 IF YES  YES  100 IF YES  YES  100 IF YES  YES  CURRED (ENTERNATURE OF INJURY IN ITEM 18 PA  CITY OR TOWN  1100 death occurred on the date and hour	, WERE FINDINGS USED YING CAUSES OF DEATH?  S NO ART TORPART?)  COUNTY STATE
DING PHYSICIAN: The low requires or otherding physicion.  After this certificate has been signe se as the buriol-transit permit. Then polith and Mental Hygiene prior to bury marked or them 18 size and injury.	MEDICAL	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING { OR CONTRIBUTING   CAUSE OF DE (IF ETHER NOTIFY MEDICAL EXAMINI)  21d. INJURY OCCURRED  WHILE   NOT WHILE   AT WORK   AT WORK  22a. I certify that (I) (this hasp sow the deceased alive o above, (I) (we) (did) (did n	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE)  OR PRINT)  OR PRINT)	CH OPERATION WAS PERFORMED  DAY YEAR  19  211, LOCATION STREET  DEGREE  ATTENDIN PHYSICIAL  22e ADDRESS	208 AUTOPSY?  208 AUTOPSY?  YES NOW  CURRED (ENTERNATURE OF INJURY IN ITEM 18 PA  CITY OR TOWN  Thion death occurred on the date and hour  G MEDICAL STAFF  MEDICAL STAFF	WERE FINDINGS USED YING CAUSES OF DEATH?  NO ART T OR PART?  COUNTY STATE  Ond from the couses stoted  22c. DATE SIGNED  3-25-85

5	SHOT, ES doznu	medati	or a fi	tmar/
			- 61164	Pensik
	7.16110 - 7.10			
		100 0000 6.9.	of contino	Make and
	A CONTRACTOR			
	2 176 m 2 2 2			
	iv. Hivd. V. Manton,			Jane Land

23b. DATE

DHMH - 16 60M 7/84 (VRA 15, 4)

Hermon 23¢ BURIAL, CREMATION, REMOVAL

Buria1 3/24/85 King David Memorial Gin ; Falls Church; Fairfax; Va 24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS Julia Davidson- Asi 1170 Rockville Pike; Rockville, Md. 20852

23c NAME OF CEMETERY OR CREMATORY

MD

76 HOUR

126 KIND OF BUSINESS OR HOME

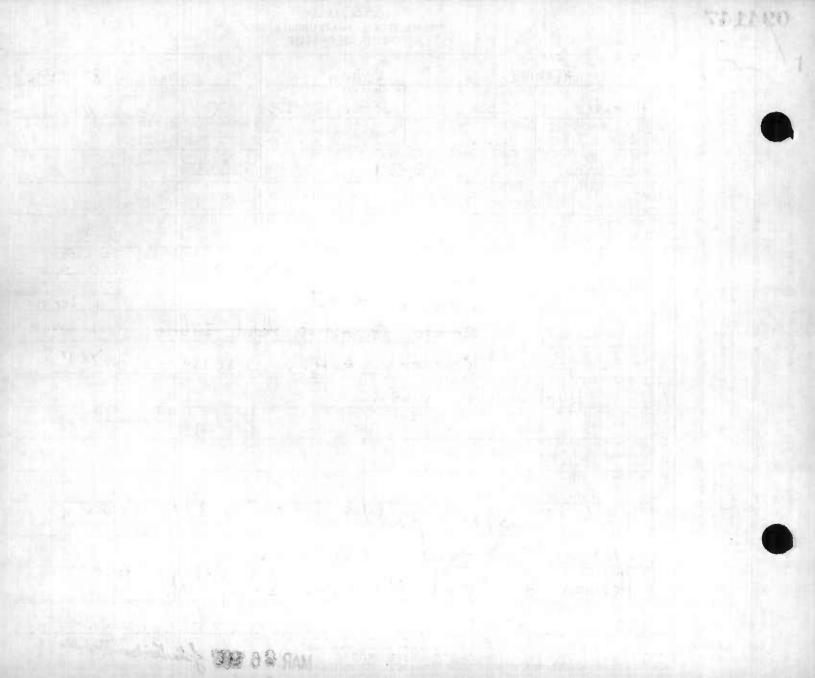
APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH

hour

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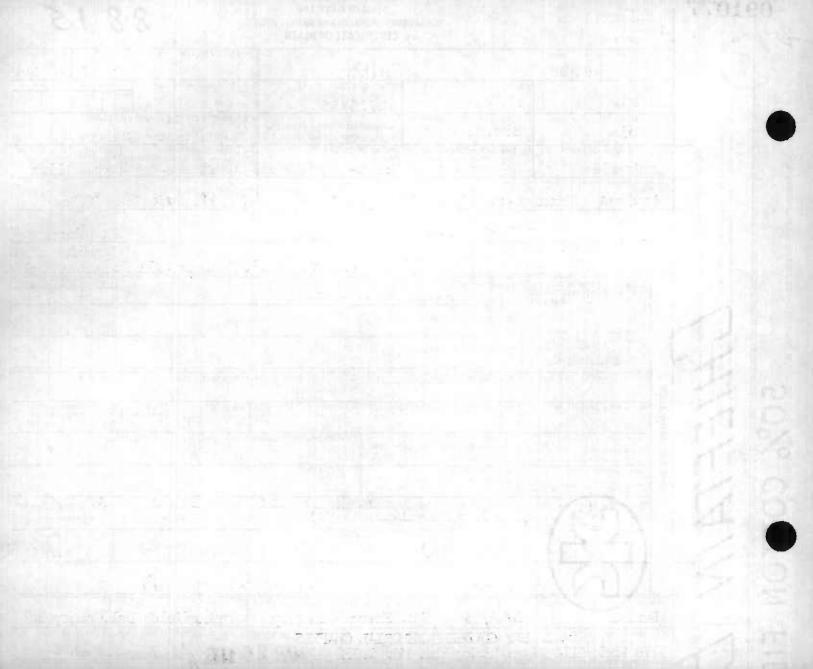
COUNTY

22c. DATE SIGNED



091077	FOR STATE			DEPART	MENT OF H	OF, MARYLAND EALTH AND MENTAL	HYGIENE	j (	88	1/2	5
	REGISTRAR					CATE OF DEATH		REG. NO			
(.8.)	1. DECEASED NAM		٨	MIDDLE	0 11	AST Y	20. DATE	_	AONTH DAY		b. HOUR
12 M		-ena			(0)	ins	1.105	3	20		10:301
, je	3. SEX		White		S. DATE C	DAY YEAR	e. AGE	IN YEARS LAST BIRTH	MONTH		FUNDER 24 HRS
oge 4	Female		1		12/2	25/93	9		YRS.		
Jeoth. P. Jeoth. P. Jeoth. P. Jeoth. P. Jeoth J.	Russia		U.S.A		WIDOWE		o Mo	ntgome	county of	inty,	~
by the fu	Rockvil	le	Hebrew	HEACILITY, GIVE STREET  Home of	Great	er Washingt	(TYPE OF V	AL OCCUPATION NORK FOR MOST OF MSTRESS	WORKING LIFE) IN	Th. KIND OF B NOUSTRY Dress M	
24 hour filled in ould be filled in must be	USUAL RESIDENCE 136. STATE Maryland		ROTHER INSTITUTION NTY	GIVE RESIDENCE BEFOR	e admissioni N	13d INSIDE CITY LIMITS	?   13e STRE	ET ADDRESS	se Road	(2085	52)
2 sh	14. FATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	MIDDLE		TAST	
ed w	Louis		MIDDE	Brodsk	v	Rebecca	1	MIDDLE	I	Lench	uck
a and co	160 WAS DECEASE (YES NO OR UNKN)	D EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECT	JRITY NO.	Anna Lessi		Blair N	S M	arylan	d 2091
The law requires that the death certification.  The law requires that the death certification.  The law requires that the ottending phy it permit. Then please remove carbonpa interprient to buriol, cremation, ar removing was only injury, or other traumatic event.	Conditions, gove rise couse (a), underlying	if ony, which to immediate stating the cause lost.	DUE TO, OF		ENCE OF	NOT RELATED TO THE T		ASE OR COND	20b. IF YES, WE	ERE FINDING	SS USED
hos on he so	I H						YES [	NoX	IN CERTIFYING		NO [
ING PHYSICIAN: r attending physics differ his certificat os the burdel-trans lith and mental Hyas locked or them 18 st	OR CONTRIBUT (IF EITHER, NO 21d. INJURY)  WHILE AT WORK	NOT WHILE	P./ 21e PLACE ( (AT HOME STR	M. MONTH D M. OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CURRED (ENTE	R NATURE OF INJUR		COUNTY	STATE
TAL OR ATTEND  y the hospital o  AAL DIRECTOR: y  defocted for use tote Dept. of Hem  VI. If Hem 21 is m		Occosed alive of	of Diew the body		35 , or	d that in (my) (our) opin DEGREE ATTENDIN PHYSICIA	_			from the cou	
TO HOSPITAL retained by th TO FUNERAL should be det with the State	22d. PHYSIC	lack s	ROSA			220 ADDRESS	r Spi	ring, 1	4)		
	Burial Burial	ATION, REMOVA				METERY OR CREMATO	RY 23d. LC	CATION CITY OR TOWN	ld; Del	UNTY	- NAE
BP		700 5	3/24/8			on Cemeter	Sp	ringrie	ra; ner	Count	y,PA
DHMH - 16 50M 4/82 (VRA 15, 4)	1170 Roc	DANZA	NSKY-GOL	DBERG ME	MORIAI	CHAPELS 256	26 40	OF AS	Sb. REGISTRAR	Signatur	t a

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1331 Rockville Pike, Rockville, Maryland 20852

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

MONTGOMERY 176 KIND OF BUSINESS OR Retired Registered Nurse 13e-STREET ADDRESS / ZIR CODE 4422 Strathmore Avenue 20896 MIDDLE Trumpour ADDRESS Paul R. Compher, Sr. same as 13e APPROXIMATE INTERVA RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 20b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE (aur) apinian death occurred an the date and haur and fram the 22c. DALE SIGNED STAFF DIRECTOR PHYSICIAN Lövettsville, Virginia 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE - www. Handelle

REG. NO.

MONTH

IF UNDER I YEAR

05 A

IF UNDER 24 HRS

2a. DATE OF DEATH

DHMH - 16 50M 4/83 (VRA 15, 4)

- STATE

TYPE OF PRINTS

REGISTRAR

I. DECEASED NAME

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NT 98 ...

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TO HOSPITAL

BP

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR - STATE

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

3

	REGISTRAK							REG. N	Э.			
	ECEASED NAME FIRST		MIDDLE		LAST		2a. DATE	OF DEATH		DAY YEAR	26 HOU	
pi i	MAR	24 C	Lifford	(	ONRO	14			3 -	19-85	73	35 PM
3 SI		A. RACE		5. DATE		/	6 AGE (I	YEARS LAST BIR	[HDAY]	IF UNDER YEAR		₹ 24 HRS
	Female	Caucas	ian E	Apri		1903	8:	1	YRS	MONTHS DATS	HOURS	MIN.
7a E	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		-		ORE CITY O		OF DEATH	1	
	ew York	USA		WIDOW	-	R MARRIED DIVORCED	Mon	tgomer	31			
-	TITY OR TOWN OF DEATH		HOSPITAE, NURSIN					LOCCUPATI		126 KIND	OF BUSINE	ESS OR
91	lver Spring		Pross Hos				Reti	ORK FOR MOST C	F WORKING LIF		etarv	
USU	JAL RESIDENCE HE NURSING FOME O	OTHER INSTITUTION					INCOL	reu		pecre	s carry	
112	STATE 136 COU		13t. CITY OR TOW			CITY LIMITS?		ADDRESS /				
-	ryland Prince	George	Greenbe	Tr	YES X	R'S MAIDEN NA		Ridge	noad	20770	,	
	FIRST	MIDDLE	LAST		13 MOTHE	FIRST		MIDDLE		LA		
	known		Cliff				len	40000	C		ahney	
	WAS DECEASED EVER IN U.S. AF (YES NO ORUNKNOWN) (IF YES, GI	VE WAR OR DATES)	166 SOCIAL SECU		17 INFOR	MANI		ADDRE		2 Shawn		
30"	no		061-05-2	812	Mary	Ann Con	roy		Bowi	e, Mary		
	18 CAUSE OF DEATH Enter of	nly one couse per	line for (a), (b), and	dicil	5					BETWEEN	XIMATE INTER	RVAL
CERTIFICATION	PART 2 OTHER SIGNIFICANT		ITION FOR WHICH					TOPSY?		6, WERE FIND		D
TIFIC		174 65.15		O' ENATIC	,		YES 🗌	NO	IN CERTIF	YING CAUSE		TH?
	21a. ACCIDENT WAS UNDERLYING	216 TIME O	FINJURY M. MONTH DA	AY YEAR	21t. HOW	INJURY OCCUR	RED (ENTER	NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART 2)		
MEDICAL	OR CONTRIBUTING CAUSE OF DE	AID -		19								
EDIC	21d INJURY OCCURRED	21e PLACE			21f LOCA			CITY OF TO	wN	COUNTY		STATE
Z	WHILE NOT WHILE AT WORK	(AI HOME SI	REET FACTORY, OFFICE, F	ARM EICT	316			CII) 010				
	220 1 certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no	ma	R 19 19 6			19 <b>5 5</b> (y) (our) opinion	death accur	Mus /	g ote and hou		, that (1) (v	
	226. SIGNATURE			,	DEGREE	47751 IO IN IO	1150161			22c DATE	ESIGNED	
	Pernand.	a. suta	recold	Jank	2	PHYSICIAN	MEDICA PIRECTO	R PHYSIC	IAN	3-	19-8	-5
	22d PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDR	1.				· ·	_	
	BERNARD A.	FIFZGE	RALD		20	Universi	73 BL	US EM	57, 5	LKR S	PRING	- 12
23c	BURIAL, CREMATION, REMOVAL	236. DATE	23€. №	NAME OF C	EMETERY O	R CREMATORY		CATION			20	9 11
	(SPECIFY) Burial	Mar 22	2 1985 Sa	ferre	Heart	Cath Ch	nem-	Boot	e. Men	ryland	20	EATE
24 F	UNERAL DIRECTOR		6000 Ann				E REC'D. BY	REGISTRAR	256. REGIST	RAR'S SIGNA	TURE	
P	eall Funeral fo		Bowie Mar	_			AR 20	1005	8.6	po .		
	COLL PUBLICAL NO	DANG F	JULY WILL OF TVIEL	VIEL	4.4	11/12	UTY /	W 10 11	(110 -	/1- A	999	

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ting a pool	hetired	1	intiqued accu	Melly C	- Spring 1	eilve:
20770	22 Ridge Rd	×		901010 PC	mir. ins	ilurs.
gun (d.). 11 de de notes de 2014	.11 cn		one Prince		and the state of t	CIIII
malgan edire		The state	21 70-100		C	

evrial Var 22 1905 cacred Beart Satu Go sem. Fowil, Maryland 10000 Smangolia Rosa Sunll Ewsert Home Foric, Berjand

Homes, P.A. Bethesda, Maryland 20814

FOR

REGISTRAR

DECEASED NAME

- STATE

TYPE OR PRINT

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

26 HOUR

12b. KIND OF BUSINESS OR

Street/20815

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NOF

STATE

Education

Lynch

COUNTY

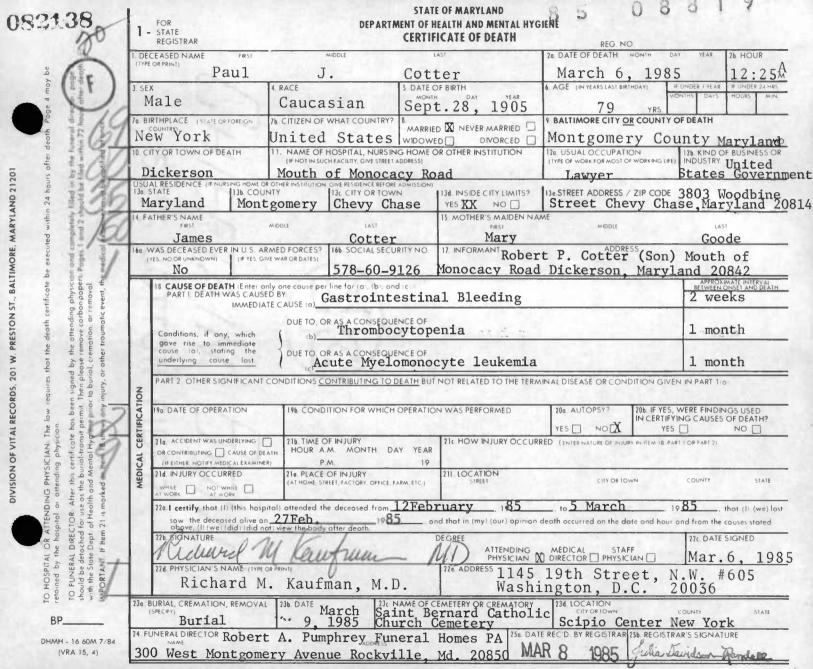
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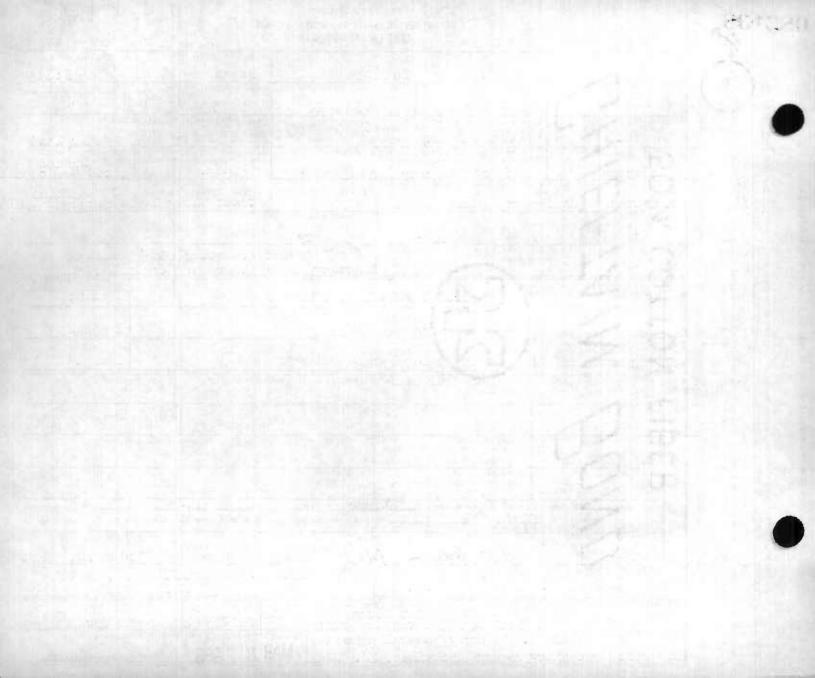
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IF UNDER 1 YEAR

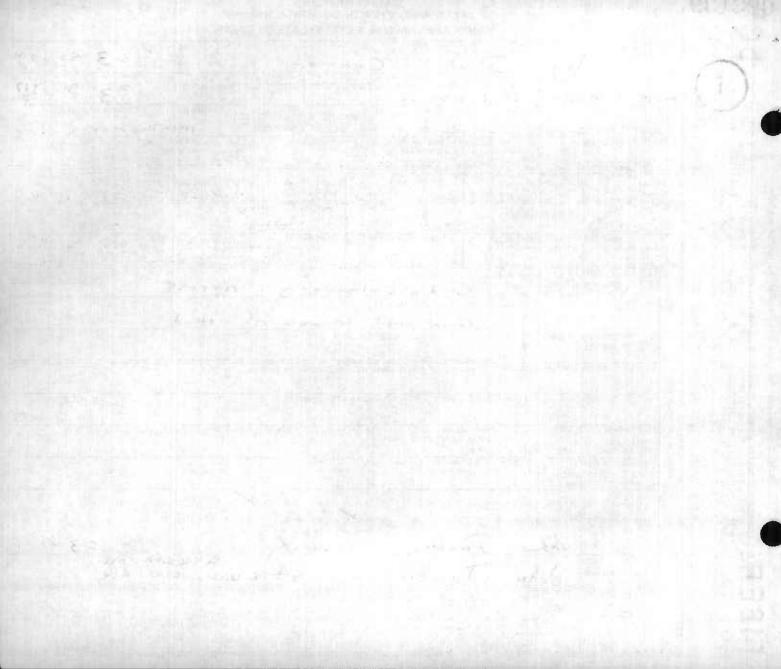
2-09 pm

70 DATE OF DEATH





39	FOR	DEPARTMEN	IT OF HEALTH AND	MENTAL HYCIENE	000	Co V
/1-	STATE			ICATE OF DEATH	REC NO	
7 1.0	REGISTRAR ECEASED NAME FIRST	WIDDIE	LAST		REG. NO.	DAY YEAR 26 HOUR
(n	PE OR PRINT)	David	Craw.	OF	ESTI-	3 85 500
1. SE	X 4 RACE	S. DATE OF BIRTH 6. AC	GE (IN YEARS   IF UNDER 1 YE	R. IF UNDER 24 HRS. 2c. DA	ATE MONTH	DAY YEAR 2d. HOUR
1	ale white		ST BIRTHDAY) MONTHS DAYS		OUNCED 3	3 35 717
7a. I	SIRTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?	10	NEVER MARRIED X 9. BALT	IMORE CITY OR COUNTY	
	oreign country) ennsylvania	United States	WIDOWED [	DIVORCED D	montagna	co. MD.
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		TUTION 120. USUAL OC	CUPATION (TYLES WORK 1)	26. KIND BUSINESS
_	aithersburg	501 South Frede	arick Ave	FOR MOST OF V		hopping Mall
USL	AL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)		71- 200	
1000	STATE 13b. COUR		ersburg YES	E CITY LIMITS? 130 STREET ADD	th Frederick	
	ATHER'S NAME	<u> </u>		HER'S MAIDEN NAME	MIDDLE	
	Gerald	Cramer		Marilyn		idman
	WAS DECEASED EVER IN U.S. AF		SECURITY NO. 17. INFO	PRMANT Father		, Pa. 17402
	Yes NO, OR UNKNOWN) Yes	187 44	7933 Ger		6 South Mars	
	18. CAUSE OF DEATH (Enter o	nly ane cause per line far (a), (b), and				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSE	TE CAUSE (a) Cardia	, Rulmono	ry arr	rest	
		DUE TO, OR AS A CONSEQ	UENCE OF			2.12
	Canditions, if any, which	(b) GUN		t 30 da-	trad'	
	cause (a) stating the under lying cause last.	DUE TO, OR AS A CONSEQ	UENCE OF			
		(c)				
z	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONOI	TION GIVEN IN PART 1 (a).		
TIO	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERF	ORMED?		20. AUTOPSY?
FIC						YES NO X
CERTIFICATION	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY		IRY OCCURRED (ENTER NATURE O	F INJURY IN ITEM 18 PART 1 OR PART	
ALC	UNDERLYING OR	DEATH P.M.	YEAR			
MEDICAL	21d. INJURY OCCURRED	TIE PLACE OF INJURY (AT	HOME, 211. LOCATION		LINAL, LIFE	
X	WHILE AT WORK AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OF	TOWN COUR	NTY STATE
		ge of the remains described above, h	eld an Autopsy .	Inspection V. Inqu	iry , and in my opin	ninn
	deoth resulted from: Not			micide Undetermined		
	Com regularity in the			(SPECIFY)		
	ACTUAL SIGNATURE	ha Vauler	M.D. D	MEDICAL EX	AMINER DATE	3-3-88
		1 7 1		130	thesda, mo	
	EXAMINER'S NAME (TYPE OR PRINT)	ohn laub	ADDRES ADDRES	3	CONSIN AM	
230.	BURIAL, CREMATION, REMOVAL (S. ECIFY)	March	E OF CEMETERY OR CREMA	CITY OR TOWN	COOK	
24	Burial	5, 1985 South	n Hill Hebrew	Cemetery You		nsylvania
		t A. Pumphrey Fur	neral Homes,		A MOIST MAK S SH	O I am
F	.A., Bethesda,	Maryland 20814		MAR 8 1985	y while will of	character



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TAUBER The law requir

MEO DR.

086145 1 - FOR REGIST

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

RE	G. N	0.		

REGISTRAR			CENTIL	TEATE OF DEATH	REG. NO.		
I. DECEASED NAME	FIRST	MIDDLE		AST	20. DATE OF DEATH MONTH		2b. HOUR
(TYPE OR PRINT)	arlotte F	Reed	Cran	pton	March 14	1985	11:15A
3. SEX	4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
Female	Caucasi	an	Apri		55 y	RS MONTHS DAYS	HOURS MIN.
TO BIRTHPLACE (STATE OR FO	REIGN 76 CITIZEN OF	WHAT COUNTRY?	AA A DDIE	NEVER MARRIED	9. BALTIMORE CITY OR COU	INTY OF DEATH	
Virginia	U.S.A		WIDOWE		Montgomery		ME
10 CITY OR TOWN OF DEAT Chevy Chase		HOSPITAL, NURSING THE ACUITY GIVE STREET AD ALTON ROAC		DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Homemaker		DE BUSINESS OR
Maryland M	Grome or other institution of COUNTY	13c. CITY OR TOWN	DAISSION)	13d INSIDE CITY LIMITS?	5002 Dalton		2815
Charles	MIDDLE T	Reed	3	15 MOTHER'S MAIDEN NA/ Edna	ME	Sope	
160 WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECURI	TY NO.	17 INFORMANT	ADDRESS		
NO NO OR UNKNOWN)	(IF TES, GIVE WAR OR DATES)	Unknown		Gilbert L. C	rampton, Same	as item :	13.
18 CAUSE OF DEATH	Enter only one cause pe	line for (a), (b), and (	9.1 4	1-1//	1	APPROX BETWEEN	ONSET AND DEATH
PART 1. DE ATH WA	S CAUSED BY: MMEDIATE CAUSE (a)	dehicla	to	n + Sturate	in	Abou	+1 mmy
Conditions, if ony, gave rise to imme cause (a), stating underlying cause	diate the last.	OR AS A CONSEQUEN		NOT BELATED TO THE TERM	IIN AL DISEASE OR CONDITION	C N/EN IN BART II	71105
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDE	ON 196 COND	ITION FOR WHICH O	PERATIO	IN WAS PERFORMED	200 AUTOPSY? 206. I YES NO	IF YES, WERE FINDII ERTIFYING CAUSES YES []	NGS USED S OF DEATH? NO [
	USE OF DEATH HOUR A	.M. MONTH DAY .M.	YEAR		RED (ENTER NATURE OF INJURY IN ITE)	M IS PART I OR PART ?}	
OR CONTRIBUTING CA	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE, FAR	M, ETC )	211 LOCATION STREET	CHY OR TOWN	COUNTY	STATE
saw the deceased	alive on the body	14 19 8	5 8	nd that in (my) (aur) apinion	death accurred on the date and	d hour and from the	that (II (we) last causes stated
Chistin o	leger ha	Motor	m	DEGREE  ATTENDING PHYSICIAN (	MEDICAL STAFF DIRECTOR   PHYSICIAN	Mer.	14/198
Ches ex Lee	Roy WAG	STAFF		Suitell,18	III PRINCE Phil	lip Ney U	Insy Mo
230 BURIAL, CREMATION, R	3/18/1	1985 Arl:	ingt	cemetery or crematory on National Ce		ngton, Va	3 63
14 FUNERAL DIRECTOR J	seph Gawler	s Sons I	nc.	25a. DAT	E REC'D. BY REGISTRAR 206. RE	GISTRAR'S SIGNA	URF
5130 Wisc. A	re., N.W. Wa	ash., D.		MAH	( Z 1 1999)	The state of the s	-

DHMH - 16 50M 4/83

etoined by the hospital

BP.

should be detached for use as the burial-transit permit. With the State Dept. of Health and Mental Hygiene prior TO FUNERAL DIRECTOR: After this certificate has been

IMPORTANT: If hem 21 is marked or hem 18 shows on

(VRA 15, 4)

THE PARTY OF THE P

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100 icc. 101, E. anh., ...

DHMH - 16 60M 7/84 (VRA 15, 4)

3/26/85

236 DATE

E. S. KILLEAVY, MT. MC, USNR

23a BURIAL, CREMATION, REMOVAL

BURIAL

24 FUNERAL DIRECTOR

ARLINGTON NATIONAL 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

22e ADDRESS NAVAL HOSPITAL , NAVAL MEDICAL COMMAND.

NATIONAL CAPITAL REGION, BETHESDA, MD 20814

ARLINGTON

PHYSICIAN DIRECTOR PHYSICIAN

23c NAME OF CEMETERY OR CREMATORY

26 HOUR

126 KIND OF BUSINESS OR

NO F

STATE

COUNTY

85

22c. DATE SIGNED

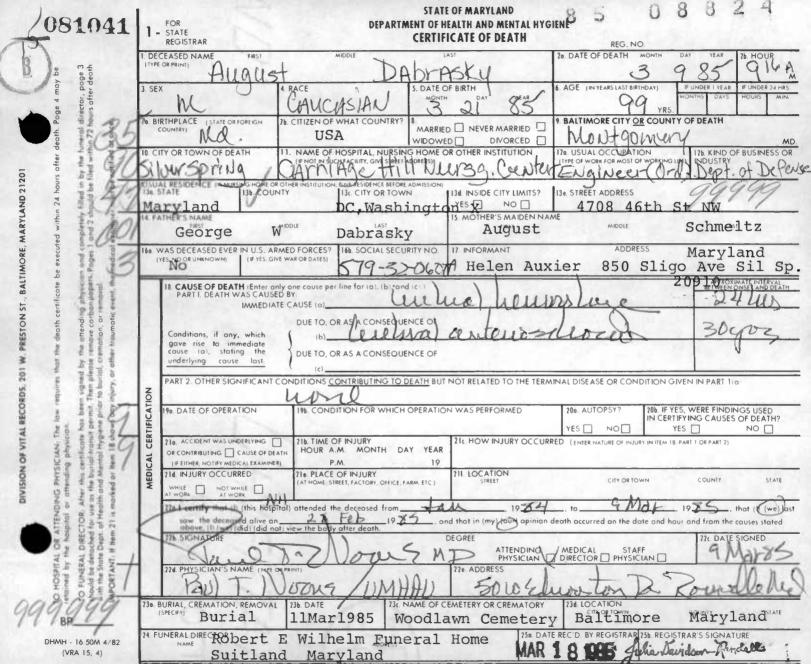
COUNTYVIRGINIA

U.S.NAVY

INDUSTRY

DEMAINE FUNERAL HOME ALEXANDRIA, VIRGINIA

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH 26 HOUR DECEASED NAME (TYPE OR PRINT) 1985 4. RACE IF UNDER I YEAR 3. SEX & AGE (IN YEARS LAST BIRTHDAY) aucasian **BALTIMORE CITY OR COUNTY OF DEATH** Montgomery County DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS! INDUSTRY Suburban Hospital 1 aw attorney ME DE CITIER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS / ZIP 160 WAS DECEASED EVER IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES) 36\_0314 Marion Cunningham see # APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE to AS A COMSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a O 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Nove 21n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE De p Pela Der 22a I certify that (1) (this hospital attended the deceased from \_\_\_\_\_ saw the deceased alive on I Na Co and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23d. LOCATION y Alexandria Cremation March. Metropolitan Crematory 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home's DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 P.A. Bethesda, Maryland (VRA 15, 4)





Ord	by		FOR		ATE OF MARYLAND F HEALTH AND MENTAL HYGI	\$ 5	083	2 0
20	20055	1.	STATE REGISTRAR		IFICATE OF DEATH	REG. NO		
0.00	4066		CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR	2b. HOUR
3	(A)	3. SE			E OF BIRTH	6 AGE (NY YEARS LAST BIRTI	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
O P	40		RTHPLACE (STATE OR FOREIGN 76.	1	RIED NEVER MARRIED	9 BALTIMORE CITY OF		+
ofter death	11/18	H C	North Carolina TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOMI	DIVORCED DIVORCED DIVORCED	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWI:	ONCU (V). KIND C WORKING LIFE) HIDUSTRY	OF BUSINES OR
AND 212	136		TATE 136 OUNTY	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 134. CITY OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS /	1 1	ve
MARYL.	mpletely and 2 s		Maryland Mont THERS NAME FIRST MID Lorenzo Hines	J 11	Baronie H	awkins	LA	
MORE, I	Poges for	16a V	VAS DECEASED EVER IN U.S. ARME (ES, NO OR UNKNOWN) (IF YES, GIVE W		17 INFORMANT 226	Weymouth well-daug	Street-Upp hter-	er Marl- boro.Md
ST., BALI	g physicio conpopers. removol.		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED ENTER OF THE PART OF	one couse per line for (o), (b), on the BY: CAUSE (o) Coccus - Two	m Arrest		APPROX BETWEEN	KIMATÉ INTERVAL LONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 PHYSICIAN: The low requires that the death certificate be executed within 24 hours	d by the ottendin ease remove cort of, cremotion, or ir other troumotic		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	Edoma (Cari	Digeni 8	Shock	
ORDS, 20	or to burn	NOIL	Ca of	NDITIONS CONTRIBUTING TO DEATH B				
AL REC	re hos beer te hos beer sist permit.	CERTIFICATION	MA DATE OF OPERATION	19). CONDITION FOR WHICH OPERAT	١.	YES NO	NA IF YES, WERE FINDS IN CERTIFYING CAUSES YES []	NGS USED S OF DEATH? NO []
V OF VIT	ding physicines is certificate buriol-transit Mental Hyging Henril 8 sh		21s. ACCESSINE WAS LINGUISTONIC	716 TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. IS		ED (14010) NATURE OF PAUL	I IN RESI (III PART I ORFART I)	
DIVISION	nd the property of the propert	MEDICAL	214 INJURY OCCURRED	21s. PLACE OF INJURY IN HOME STREET FACTORY, OFFICE FARM, STC.)	SII LOCATION	city on toy	OUNTY	MATE
ATTENDI	RECTOR: A red for use ppt. of Healt rem 21 is mo		sow the description	attended the decrased from 10	and that in (my our opinion d	eath occurred on the da	te and hour and from the	that (i) (we) last couses stated
AL OR	T T T		22h SCNATURO	1	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF		Mar 85
O HOSPIT	to FUNERAL should be det with the State		Philipa	uttoranol:	Holy Cross	Hosp.	Silver Spr	ing
5	BP		Burial (//	March As 1985	CEMETERY OR CREMATORY  Harmony Mem	orial Par		•
	H - 16 50M 4/83 (VRA 15, 4)	-	tewart Funera	Y Home 4601 Bent	ing Road, NE.	2 8 1988 AR	Sh REGISTRAR'S SIGN'S	under

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22	- :	OR STATE REGISTRAR	Τ. Α	IIDENOE	DEPARTM	ENT OF I	E OF MARYLAND HEALTH AND MENT FICATE OF DEAT	H	Ni J	REG. N	0 8	3 2	ā
So on the formula of		ASED NAME	FIRST	URENCE	MIDDLE	•	DEABL	EEK 1	a DATE OF		MONTH DA	Y YEAR	26 HOUR
eoth	TPEO	L	aure	ence.	H. J	Dea	bleR				3 2	7 85	1108 1
3.1	SEX			4 RACE			OF BIRTH		AGE (INY	ARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
1.1	N	IALE		WHITE		MA	Y 31, 1895	5^*	89		YRS	DATS	MIN.
70.	CO	HPLACE (STATE OR FUNTRY) WWW. YORK	FOREIGN	TE CITIZEN OF	WHAT COUNTRY?	1.	D NEVER MARRI	IED 🗆 9	-01	TECITY O	mery	CO,	MD.
ig .	(	OR TOWN OF DEA		BROOKE	OROVE N	URSIA	OR OTHER INSTITUTION	ION I	To USUAL ( TYPE OF WORL  Sa.)	FOR MOST C	ION / DE WORKING LIFE!	INDUSTRY	BUSINESS OR
<b>製り</b> 13	a. ST.	Id.	13b COUN Mon	TY	GIVE RESIDENCE BEFORE 134 CITY OR TOWN Potoms	V	13d. INSIDE CITY LIV	<b>X</b>	8511	DDRESS Hunt	/ ZIP CODE er Cree	ek Trai	1 20854
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		S DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFORMANT		13033	Dar	ymaid	Dr.	-
med		NO OR UNKNOWN)	(IF YES, GIVE	E WAR OR DATES)	047-10-7	7697	Susan Di	ixon			wn, Md.		4
ony injury, or other frou		Conditions, if ony, gove rise to imrecouse (a), stating underlying couse	nediote ng the lost.	DUE 10. 0	March	aili	NOT RELATED TO THE		IAL DISEAS			N IN PART I	glas
rujni kuo sa na injur	N I					OFERATIO			YES 🗌	ной	IN CERTIFYI	NG CAUSES (	OF DEATH?
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orked	1	WHILE NOT WHO AT WO	RK	(AT HOME, ST	REET, FACTORY, OFFICE, FA	ARM, ETC )	STREET	04		CITY OR TO	)WN	COUNTY	STATE
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(VRA 15, 4)

FRANCIS H. B ARBER

LAYTONSVILLE, MD. 20879

099103		FOR		DEPARTA		E OF MARYLAND BEALTH AND MENTAL HYG	IEND 5	0 8	3 4	7
1		STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO			
2 ( li )		OR PRINT)	aAret	M.	D	EEney	20. DATE OF DEATH	3 - 30	- 85	1 SPM
a dy	3. SE)		Q4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UN		IF UNDER 24 HRS
ge 4 ector	-	Female.	WHIT	E	NONIT	1 1011	73	YRS		
r. ro		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
death 72	]	PA.	U.S		WIDOWE	DIVORCED	MONTGO	MERY CO.		MD.
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require en sign r. Then or to bu	TION	Anoura o	& Chron	uz dise	Care					
The law cran. cran. st permit	CERTIFICATION	190 DATE OF OPERATION	1196 COND	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WE IN CERTIFYING YES		
PHYSICIAN ending physic this certificate burial transition and Mental Hyge day the page 18 s		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A	OF INJURY .M. MONTH DA .M.	AY YEAR	21c HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	ORPART 2)	
G PHYS attendin for this c s the bur and Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
Pitch or prior or TCR. Africa of Health 21 is more		220 I certify that (I) (this had sow the de obove (I))	m Ma	- 30, 108	000	nd that in (my) four) opinion	death occurred on the do	te and hour and		ouses stated
AL OR A the hos AL DIREC detached detached one Dept.		22b. SIGNATURE	Contour	5,4	0	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		3/2	1GNED /85
TO HOSPITAL retained by the TO FUNERAL should be detained with the State IMPORTANT: H		OFFICE	S-KE	NTON		10620 GET	RGIA-AVE	SILVER	spall	VG MI
	23a B	URIAL, CREMATION, REMOV				EMETERY OR CREMATORY	234 LOCATION CITY OR TOWN		UNIY	STATE
ВР	24 FI	CREMATION INERAL DIRECTOR	4-1-19	05 0	HAMBE	RS CREMATORY	RIVERDAL E REC'D. BY REGISTRAR		G.C.	Md.
DHMH - 16 60M 7/B4 (VRA 15, 4)		W. CHAMBERS	CO. INC.	ADDRESS SILVE	ER. SI	PRING Md. SPR	0.3 1985 2	C. K. SA.	Mand	600 =

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SILVER SPRING, MD.

(VRA 15, 4)

STATE OF MARYLAND

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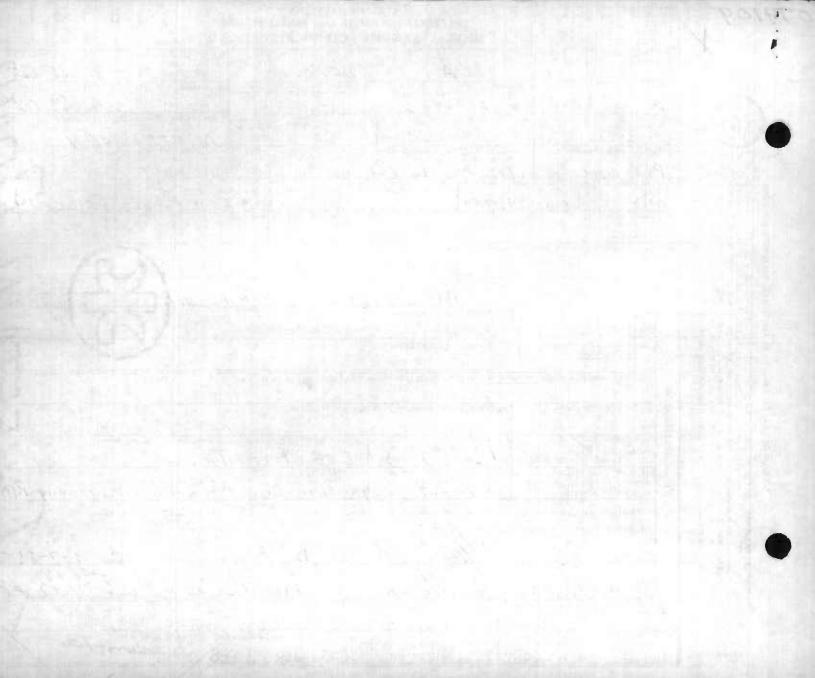
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9	025234 /	Switze	rland	United	State	S WIDO	OWED	DIVORCED -	MIN	TOOM	ery	MD.
	おお品品	O. CITY OR TOW	N OF DEATH	11 NAME OF HOS	SPITAL, NURS	ING HOME, OR C	THER INSTITUTI		SUAL OCCUPAT		X 126 KIND O	OF BUSINESS IDUSTRY
	ALE AND	POTO		9100/	RIVET				70 00	WT		lege
101	SEE SEE	USUAL RESIDEN 130. STATE	CE (IF IN NURSING HOME (		113 CITY O	PTOWN	134 INSIDE CITA	2-11MITS?   13e ST	REET ADDRESS	20854	1	
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ORE	48 48 C	Jame	SED EVER IN U.S. AR			vine	Rit			DDRESS	wal	SII
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IL REC	A CO A	19a DATE	OF OPERATION	19b. CONDI	TION FOR WI	HICH OPERATION	WAS PERFORM	NED?		7 20 %	20 AUT	OPSY?
VIII	X8235					_					YES	O NO D
DIVISION OF	RIFFCATE W WGTHE W SHOULD BARTMEN	3 UNDERLY	NAL CAUSE WAS  NG OR  JTING CAUSE OF	1 1 1 1 1 1 1	MONTH C	AY YEAR	CAR	HIT	TREST	IN ITEM 18 PART 1 OR	PART 2)	
No.	HIS CE AGE 3	WHILE AT WORK	NOT WHILE		TORY, FARM, ETC	911	C RIVETZ	RB	POTOM H		COUNTY ICN TEN	nuy MB
•	ICAL EXAMINER: 1 THE CERTIFICATE, SHOULD BE FORW RRAL DIRECTOR; P ATH. WITH THEST DE: MARKEND'S.		X	ge of the remains de	scribed obave	, held on Aut	opsy , Hamicie TITLE (SPI	ECIFY)	Inquiry Cetermined manner	DAT		-9-85-
	TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE BAREMO	EXAMINEI (TYPE OR I	PRINT)	NEIS C	M/#	ME OF CEMETERY	ADDRESS_	200 W	COASION	when	BETH	EX M
07/84	BP	(SPECIFY) Bu	rial	12, 1985	n St	Gabrie1		CI	TY OR TOWN	c. Mar	vland	STATE
25AA		24 FUNERAL DIF		rt A. A. P.			a1 125	Sa. DATE REC'D.	BY REGISTRAR 2	Sh. REGISTRAR'S	SIGNATURE	
	DHMH - 17 (VR A15 ME (5))	Homes	, P.A. Re				0850	AR 1 3 1	985 July	Lavidson	-Manasoc	
		-							17			



083141	1 -	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH		8832
3 6	(TYPE	CEASED NAME FIRST OR PRINT) MCC101		Dickson	3-:	3-85 0835 M
	3. SE	remale	<sup>4. RACE</sup> Caucasian	April 3, 1889	6. AGE (IN YEARS LAST BIRTHDAY)  95 YRS	MONTHS DAYS HOURS MIN.
Pag Pag		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNTY	Y OF DEATH
oth oth	S	cotland	United States	MARRIED   NEVER MARRIED	Montgomery C	Ounty Mo
offer de offined offin	10 CI	TY OR TOWN OF DEATH		ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI HOMEMAKE T	126 KIND OF BUSINESS OR
24 haurs 24 haurs 25 haurs 26 haurs 27 haurs 28 haurs	USU/ 130 S M	AL RESIDENCE (IF NURSING HOME OF	other institution give residence before NTY 13c CITY OR TOWN ROCKVI	E ADMISSION)		€ 20850
The state of the s		THER'S NAME		15. MOTHER'S MAIDEN	NAME	
complet ond is		James	Prentice	Margare	e t	Wilson
ond co	L.	VAS DECEASED EVER IN U.S. AR VES, NO OR UNKNOWN) (IF YES, GI	F WAR OR DATEST		ADDRESS ebhardtsbauer,	samo as #17
SALTIN section pers. F.			aly one couse per line ( a) a1, (b), a		A A	Same as #13  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours ratending physicion.  When this certificate has been signed by the ottending physicion and completely filled in by as the burial-stransit permit. Then please remave carbon papers. Pages 1 and 2 should be fill the and write. Writing in a to burial, cremation, ar remaval.  orked in the mission any injury, or other traumatic event, the medical examinary maxDe in a carbon page.	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS CONSEOU  (b)  DUE TO, OR AS A CONSEOU  (c)  CONDITIONS CONTRIBUTING TO	ence of	Enio Role pois ERMINAL DISEASE OR CONDITION GIV	VEN IN PART 110
he law re on.  hos been the permit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
OF VITA CLAN. T physical physical clansing		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
//SION OF VI	MEDICAL	216. IN JURY OCCURRED  while NOT WHILE	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
NDING I or ot I or ot Use as t Vealth or		220.1 certify that (I) (this hasp	ital) attended the deceased from	Feb 25 198-	5 10 Mir 3	198, that (It (we) lost
ATTE DSpito DSpito d for t of the m 21	13		i) view the body after death.		nion death occurred on the date and hou	1
AL OR y the hu (AL DIRI defacthe of e Dep		Water 1:	The sole an	DEGREE ATTENDINI PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/3/85
TO HOSPITAL TO FUNERAL should be det with the State		POBERT TO	THIS APEAU	120 ADDRESS	LLE, MD 2	0852
PP	23a E	BURIAL, CREMATION, REMOVAL Temation	Malti	NAME OF CEMETERY OR CREMATOR  tropolitan Cre	CITY OF TOWN	, Virginia
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FU	NERAL DIRECTOR Rober	t A. Pumphrey ckville, Mary	Funeral 250	DATE REC'D. BY REGISTRAR 256, REGIS	

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086052	1-	FOR STATE REGISTRAR	DEPAI		EALTH AND MENTAL HYG	REG. NO.	0030
1 N 1	(TYPE	ORPRINT) Kerth	athleen P.	Is, DATES	Dietz	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR 95 1/1/5M
lired burs	3. SE	Female	Th CITIZEN OF WHAT COUNTR	A BONT		9. BALTIMORE CITY OR COUNT	MONTHS DAYS HOURS MIN.
death. P	Ri	chmond, Virgini		MARRIE	DIVORCED	Montgomery C	
201 us offer filled with	SII	Var Sarius	OF NOT IN SUCH FACILITY, GIVE STR	EET ADDRESS)	la:	TYPE OF WORK FOR MOST OF WORKING LE	
MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 mould be fill man mist be in	130. 3		ROTHER INSTITUTION GIVE RESIDENCE BEI		13d INSIDE CITY LIMITS? YES NO 🛣	3407 Cool Spri	ing Road/20783
		Ellis	MIDDLE LAST  Ira Parri		15. MOTHER'S MAIDEN NA FIRST  Jennie	Nelson	Vaughan
BALTIMORE, cate be execu- ysicion and ci ppers. Pages I wal		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? VE WAR OR DATES)  232-56		Jean D. Moss	(daughter) Same	
3 4 4 9 9 9		PART 1. DE ATH WAS CAUSE	nly ane cause per line far (a), (b), ED BY: TE CAUSE (a)	Conject	ive Heart Faller	, Pulmonpy Elem	a 92 hours
death cer ottending ove corbo		Canditians, if any, which	DUE TO, OR AS A CINSER	DENCES	the Heart D	isease	14-
by the case remoil, cremoil, other tre		gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONST	TOINCE OF	embis, gene	eral	NA NA
RDS, 20 equires 1 n signed Then ple r to buric injury, or	NO	PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING T	MAM BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GI	VEN IN PART 110
TALRECO	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	INCERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? 'ES \( \text{NO} \)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN: The low requires that the death cert r attending physician. The this certificate has been signed by the offending pass the buriol-fransit permit. Then please remove carbon th and Mental Hygiene prior to buriol, cremation, or ren arked or them 18 shows any injury, or other traumotic ev		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
IG PHYS otherding ter this c s the bur and Med or th	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	(E, FARM, ETC.)	216 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ITENDIN sitol or TOR: Affi for use a of Health		22a I certify that (I) this rospi	Total attended the decrased from 20 march	850.	nd that in (my) (www.apinion	death accurred an the date and ho	, 19 , that (I) the last
HOSPITAL OR A) mined by the hosp FUNERAL DIREC wild be detoched ( h the Store Dept ORTANI: if hem		THE SIGNAPORE TO SERVICE THE STATE OF THE ST	view the body after death.	no	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	21 March 85
TO HOSPITAL (retolined by the TO FUNERAL should be detolined by with the Store I MAPORTANT: If	00 6	John F. Bren	nan, Jr., M.D.		3415 Hamilto	on St., Hyattsvil	lle, MD 20782
BP		URIAL, CREMATION, REMOVAL SPECIFY; Burial			EMETERY OR CREMATORY		West Virginia
DHMH - 16 50M 4/82 (VRA 15, 4)	1	INERAL DIRECTOR Capitol Funeral	Service, Fall	s Chur	ch, VA 250. DA	MAR 2 6 1985	TRANS SIGNATURE

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Capito Juneral Service, Palto Church, VA

0860304

REGISTRAR DECEASED NAME

9	TATE	OF M	ARYL	AND	
DEPARTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE

CERTIFICATE OF DEATH

	20. DATE OF DEATH	MONTH	DAY	YEAR	2h HOL	IR
	MARCH 21	1985			9:4	45 P
	6 AGE (IN YEARS LAST B	IRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR5
1	43	YRS.	MONTHS	DAYS	HOURS	MIN.
7	9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH		
	MONTGOME	ERY	33			MD.
	120 USUAL OCCUPA (TYPE OF WORK FOR MOST			KIND O	F BUSINE	SS OR
	RETIRED	OI WORKING		.S.1	IAVY	

н	JOSE	DEJESUS DIZON Jr.		MARCH 21 1985	5	9:45 %
ñ		RACE 5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HR5
	MALE	PHILLIPINO & DEC	CEMBÉŘ 9 Í941	43 <sub>Y</sub>	RS.	
1	70. BIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COL	INTY OF DEATH	
	PHILLIPINES	UNITED STATES   WIDOWE	D DIVORCED	MONTGOMERY		MD.
r	0 CITY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATION		F BUSINESS OR
1	BETHESDA	NAVAL HOSPITAL		RETIRED	U.S.1	NAVY
5	USUAL RESIDENCE (IF NO THE ANALYSIS OF THE MARYLAND HOWAR)		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C 5682 STEVEN FO		21045
7,	14 FATHER'S NAME	DDUE LAST	15 MOTHER'S MAIDEN NA		LAS	
6	JOSE CRUZ DI			EDAD DEJESUS	LAS	
0	160 WAS DECEASED EVER IN U.S. ARMEI		17 INFORMANT	ADDRESS		21045
de	YES 1963-		LIWAYWAY A.DI	ZON, 5682 STEVE	EN FOREST	ROAD.
	18 CAUSE OF DEATH (Enter only of PART ) DEATH WAS CAUSED B IMMEDIATE C	1.ARIIIIRESPIRA		JMBIA, MD 2104	APPROXI	MATE INTERVAL ONSET AND DEATH
		DUE TO, OR AS A CONSEQUENCE OF				3000
	Conditions, if any, which	(b)				
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			75	
	PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 11	0
2	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED		FYES, WERE FIND IN ERTIFYING CAUSES YES []	
1	OR CONTRIBUTION OF CAUSE OF REALING	216. TIME OF INJURY HOUR A.M., MONTH DAY YEAR P.M. 19	216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITER	w IS PART   OR PART ?)	
	OK CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER  AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a.1 certify that (1) (this haspital)	attended the deceased from MA	RCH 20 19 85	to MARCH 21	19 85	that (I) (we) last

saw the deceased alive on MARCH 21 abave, (I) (we) (did) (did nat) view the bady after death 19 85 and that in (my) (our) opinian death occurred an the date and hour and from the causes stated 226 SIGNATURE DEGREE 22¢ DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22 MAR 85 22d. PHYSICIAN'S NAME (TYPE OF PRINT)

B. L. FLAX, LT, MC, USNR

NAVAL HOSPITAL , NAVAL MEDICAL COMMAND, NATIONAL CAPITAL REGION, BETHESDA, MD 20814

230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY

Burial 3/25/85 Arlington National

Arlington

Virginia

Leroy. A. & Russell C. Witzke Euneral Homes P.A. 5555 Twin Knolls Road, Columbia, Md. 21045

REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANT: If He

## 094017 ior to buriol, crematian, this certificate has been signed by the att to burial-transit permit. Then please removi jury, or oth

ATTENDING PHYSICIAN: The low

TO HOSPITAL OR

BP.

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND  1 - STATE REGISTRAR  STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REG. NO.											
	CEASED NAME	FIRST	,	MIDDLE	ï	ASI		MONTH DAY	YEAR	26 HOUR	
		JOHN		HOMAS		DONAHUE	MARCH 2		USI	1:4017	
1 SE	X		RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THOAY) IF U	NDER I YEAR	HOURS MIN.	
	ALF		THE PARTY OF THE P		9, 1900	85	YRS.				
	COUNTRY)	OR FOREIGN		WHAT COUNTRY	MARRIEI		9 BALTIMORE CITY O	R COUNTY OF	DEATH		
PENNSYLVANTA LI			1. NAME OF HOSPITAL, NURSING HOME O			MONTGOMER		12F KIND O	MD. F BUSINESS OR		
(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)					(TYPE OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRY				
USU	AL RESIDENCE (IF N	URSING HOME OR C		GIVE RESIDENCE BEFO			<u>ENGINEE</u>		D.C.	GOVT.	
	ARVI AND	13b COUNT		DACKUTI	I E	13d INSIDE CITY LIMITS?	13e STREET ADDRESS /	OLUMRIA	AVEN	UF 20850	
14 FATHER'S NAME				Jala.	15 MOTHER'S MAIDEN NA	ME	VLUMBIA				
	TAMES		IDDLE 1	DONAHUE		REGINA	WIDDLE		CALL		
	WAS DECEASED EV		MED FORCES?	166 SOCIAL SEC	CURITY NO	17 INFORMANT	ADDRE	SS	0.100		
	NO	1,5,0,0,1	THE ON DIVISION	578-09	-0271	MARY ELLEN I	NNOCENTI	SAME AS	13	DAUGHTER	
	18 CAUSE OF DE PART I. DE ATE	ATH (Enter only		1.0	and icil	,		1111	,	MATE INTERVAL DNSET AND DEATH	
		IMMEDIATE	CAUSE (a)	Mes	nea	_			m		
	Canditions, if a	yny which	DUE TO, OI	RAS A CONSEO	UENCE OF	end Disse					
- 1	gave rise to	immediate	DUE 10 01	L NOVICEO	~ //-	- No parties					
	underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF				leroses			ans			
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
OF	190 DATE OF OPE	brul	Vac	cula	r a	CCCASN N WAS PERFORMED	1	Tan it was			
CERTIFICATION	190 DATE OF OPE	KATION	196 CONDI	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	G CAUSES	OF DEATH?	
ERT	21a. ACCIDENT WAS	UNDERLYING	21b. TIME O		_	21c. HOW INJURY OCCURE	YES NOW	YES E	OR PART 2)	NO 🗌	
	OR CONTRIBUTING		H HOUR A.I		DAY YEAR						
MEDICAL	214 INJURY OCC		21e PLACE	OF INJURY		211 LOCATION STREET	CITY OF TO	LAND	COUNTY	STATE	
¥	AT WORK AT WORK		TAT HOME STR	IT HOME STREET FACTORY, OFFICE FARM ETC.)		SINCE			001411	STATE	
	22a I certify that		ol) ottended the	deceased from	611-1	19.84	_ to_ma	reh 19.	13	hat (1) (we) last	
	abave, (1) (we	eased alive on a	view the bady	after death.		d that in (my) (aur) apinion (	death accurred an the do	ate and hour on	d fram the c	auses stated	
	22h SHGAMETHRE	1	13			DEGREE ATTENDING	. MEDICAL . STAF	·F	22c DATES	IGNED	
	774 PHYSICIAN CHAMF (150) OR PRINTS				PHYSICIAN DIRECTOR PHYSICIAN 3/22/85						
(	RAYMOND T. BENACK				"4178" COLIE DRIVE, WHEATON, MARYLAND 2			20906			
23a E	BURIAL, CREMATIC	N, REMOVAL	23h DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
	SPECIFY) RURTA		MAR. 26			IVET CEMETERY	WASHING		C	STATE	
24 EI	INIEDAL DIRECTOR			,		26 DAT	E DECID BY DECISTRAD	ALL DECICEDAD	15 51511171	IDE.	

20901

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT If hem 21 is morked in TO FUNERAL DIRECTOR. After should be detached for use as with the State Dept. of Health

> FRANCIS J. COLLINSRESS 500 UNIV. BLVD., W., SILVER SPRING, MD.

So DATE RECD. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

pletely filled in by the familiar

ending physicior

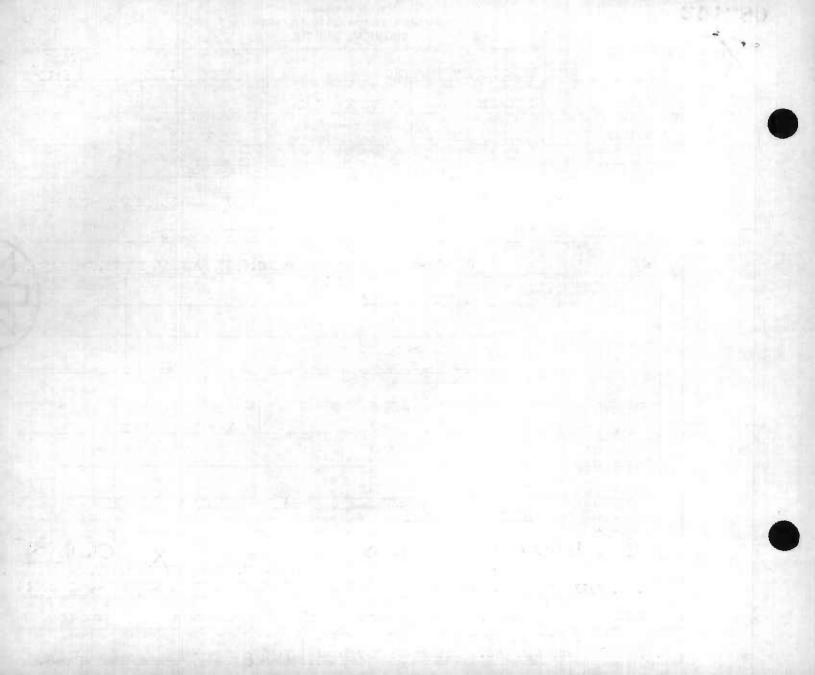
TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physic should be detached for use as the burnal-transit permit. Then please remove corban pape with the State Dept, of Health and Mental Hygiene prior to burnal, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, if

#### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
DECEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	HERINE REGINA DON	NDERO	MARCH 4 1985	6:10 <sup>p</sup> <sub>M</sub>
. SEX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
FEMALE	CAUCASIAN	JANUARY 8 1920	65 YRS	MONTHS DAYS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	TY OF DEATH
NEW YORK	UNITED STATES	WIDOWED   DIVORCED	MONTGOMERY	MD.
BETHESDA	NOT IN SUCH FACILITY, GIVE STREE NAVAL HO	DSPITAL	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY
MARYLAND 136 OR	OR OTHER INSTITUTION. GIVE RESIDENCE BEFOUNTY  INCE GEO SUITI	WN 136 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COI	
FATHER'S NAME WALTER DOI	NOVAN	IS MOTHER'S MAIDEN NA	KATHRYN SCHAYER	LAST
WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRESS	
(14ES NO OR UNKNOWN) (4F YES.	070-12-	-5455 WALTER DONDE	RO,6267 MAXWELL	DRIVE, SUITLAND,
18 CAUSE OF DEATH (Enter	anly one cause per line for (a), (b), a	00777		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
gove rise to immediate cause (o1), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING		DEATH BUT NOT RELATED TO THE TERM  H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
				YES NO
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF U (IF EITHER NOTIFY MEDICAL EXAMIT  WHILE NOT WHILE AT WORK AT WORK	DEATH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM II	COUNTY STATE
sow the deceased alive above, (1) (1) (did) (did)	pital) attended the deceased from MARCH 4 19 not) view the body after death.	85, and that in (my) (aur) apinian	, ta <u>MARCH 4</u> death accurred an the date and ho	
276. SIGNALLINE	Zeary	DEGREE ATTENDING PHYSICIAN		OG Mar 85
E. S. KILLEAN			L HOSPITAL, NÁVA PITAL REGION, BE	
Burial, CREMATION, REMOVA	March 8, 1985	NAME OF CEMETERY OR CREMATORY  Calverton National	Calverton	New York
NAM:	rt A. Pumphrey F nsin Ave., Bethe		E REC'D. BY REGISTRAR 756. REGIS	STRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



24 FUNERAL DIRECTOR FRANCIS J. COLLINS DDRESS

UNIV. BLVD. W. SILVER SPRING MD.

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

YEAR

IF UNDER 1 YEAR

2b HOUR

3:20A.

IF UNDER 24 HRS

126 KIND OF BUSINESS OF ICLE

NO [

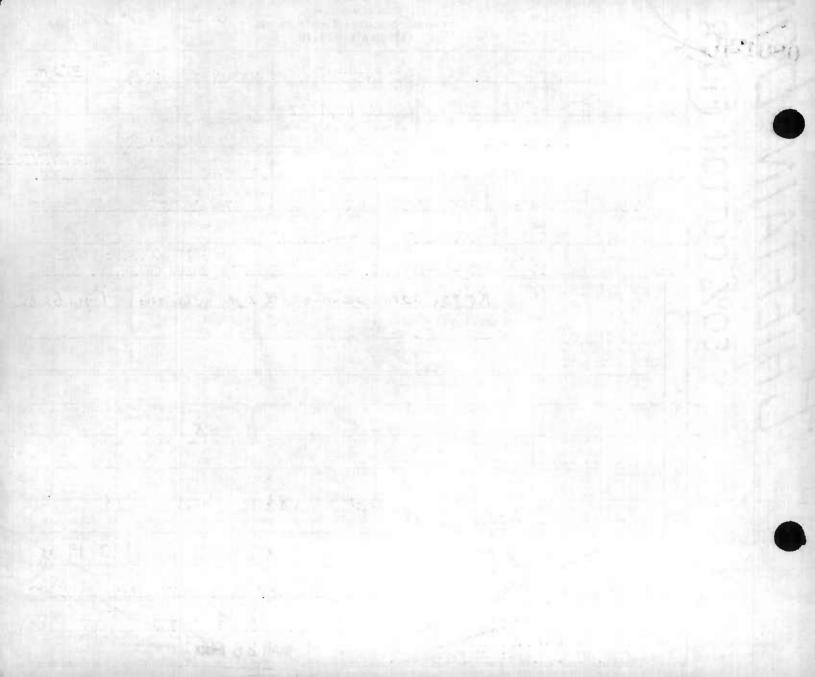
STATE

COUNTY

MONT

BOARD ASSOC

CONROY



01108	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE S S ()	8 8 3 8
E		Charle	S E.	5. DATE OF BIRTH MONTH DAY YEAR	3-30-85 6. AGE (IN YEARS LAST BIRTHDAY)	AY YEAR 26 HOUR 2049 M IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
oth. Page 4		RTHPLACE (STATE OR FOREIGN 7	DIACK  D. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED		
s ofter dec	Re	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING STREET SHOULD	WIDOWED DIVORCED DIVO	126 USUAL OCCUPATION (Suppor Work FOR MOST OF WOMING LIFE DACKHOE. COPR	MD.  121 MIND OF BUSINESS OR 1 MDUSTRY  ON STYLK 10
n 24 hou	13a S	AT RESIDENCE (IF NUMBER ) HOME OR COLOTATE (136 COUNT)	OTHER INSTITUTION GIVE RESIDENCE BEFOR TY 130 ETTY OR TOW THE TOTOM A	AC 15 MOTHER'S MAIDEN N	12609 Tobutou	UN DR. 2085
omplet ond 2			DOYE AND PORCES? 1166 SOCIAL SECTION	IRene	2 Williams	I Adams 3
be exe		SOS WORLDROWN) (FREY GIVE	e An 214-28 3	3987 Fleanor Do	ye (wife) ROCKVI	I PACIFIED S SI
deoth certificate after a physic about a physic action page from a prompt of the physic action and a physic action are a physic action and a physic action are a physic action and a physic action and a physic action are a physical action and a physic action and a physic action are a physical action and a physical action action and a physical action action and a physical action action action and a physical action a		PART I. DEATH WAS CAUSED	CAUSE (0) Sepsis  DUE TO, OR AS A CONSEOU		age & pneumonia	
that the did by the at lease removial, cremotion or other tro		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEOU	ENCE OF lular cirrhosis, l	iver	
s been signe semit. Then p prior to bury, s any injury,	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVE  200 AUTOPSY?  200 IF YES, IN CERTIFY	WERE FINDINGS USED
SICIAN The certificate ho priol-tronsit pe entol Hygiere from 18 show.		2] a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 19		NO 🗆
NG PHYSIC offer this cer filter this cer os the burio th and Ment orked or the	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME. STREET FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
A ATTENDI hospital or IRECTOR: A hed for use ept. of Heal Hem 21 is m		220.1 certify that (1) (this hospite sow the deceased alive on above, (1) (we) (did) (and not 22b. SIGNATURE	1 1 7 17	95, and that in (my) (aur) apinio	on death accurred on the date and hour	9 55 , that (1) we) lost and from the causes stated
by the CERAL D State D State D NNT. If		22d PHYSIGIAN'S NAME (TYPE OF	PRINT	ATTENDING PHYSICIAN  226. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	4-1-65
Of of a standard of the standa	23a. E	CA PAUL SCI SURIAL, CREMATION, REMOVAL SPECIFY)		ZIOI MED.	23d LOCATION CITY OR TOWN	SPAN MA ZEGO
BP DHMH - 16 50M 4/83	24 FL	Burial UNERAL DIRECTOR NAME		ncoln Park Cem shington St. 1800	Rockville,	AR'S SIGNALDROO

DHMH - 16 60M 7/84 (VRA 15, 4)

otic cide Carlo quie office Artist 

		,	FOR					ARYLAND AND MENTAL	HYGIENE :	5 6	8 (	8 4	0
	098188	'-	STATE REGISTRAR		MED	DICAL EXAMI	NER'S	ERTIFICATE	OF DEATH	REG. NO.			
	OSOSCO		CEASED NAME	FIRSTHO	MAS	MIDDLE BUCKA		LAST DUGAN	OF	E KNOWN		DAY YEAR	2b HOUR
5	LEASE STOR. FILES. OURS REET,				mas	Bucha		Duga	DEAT	H MATED		8 10 32	P.M
N	PIRE P	3. SE)		nite	DATE OF BIRTH MONTH DAY	vear Last Birth	YEARS IF UN (DAY) MONT WRS.	DER 1 YR. IF UNDE	MIN. PRONO	UNCED AD	3	28 87	2d HOUR M
	NECESSA UNERAL S FOR Y WITHIN	FC	RTHPLACE (STATE OR REIGN COUNTRY)	7	U.S.A		8 MARR WIDOW	EDXX NEVER MAR	RIED 🔲	IMORE CITY OF	-		MD
	O THE PRAGE		TY OR TOWN OF DEA	TH 1	1. NAME OF HOSE	GROSVENOR	PLACE	ER INSTITUTION		MIRAL R	OF WORK 12h	OR INDUST	SINESS VY
	ANY DE AND 3 TRETAIN PECONE		L RESIDENCE (IF IN NUI TATE LRYLAND	NONTGO		RESIDENCE BEFORE ADMIS 131 CITY OR TOWN BETHES DA		13d INSIDE CITY LIMITS?	13. STREET ADD	RESS ROSVENO	R PLAC	DE 20	852
	0 700	14. F/	ATHER'S NAME		MIDDLE .	LAST		15. MOTHER'S MAIL	EN NAME			101-0	
			THOMAS		IANAN	DUGAN	TV - 10	GERALDI		ICHMOND	V	VESSEL	LS
	BALTIMORE. 3. GIVE PAGES WITH FORM P C. PAGES DIVISION	(Y	VAS DECEASED EVER ES NO OR UNKNOWN) YES	1918-1		228-54-49		17 INFORMANT ELIZABETH			ST., S	SIL.SP	G.,MD.
	W. PRESTON ST. WITHIN 24 HOL IN ITEM ST. MINER ALONG TRANSIT PERMIT NTAL HYGIENE, OR REMOVAL.		Conditions, if a gave rise to couse (o) stoting lying couse lost.	AS CAUSED B IMMEDIATE ony, which immediate	CAUSE (o) C  DUE TO, OR  (b) n	for (o), (b), and (c).)  and a factor of the	OF.	Caren	2	arres	7	BETWEEN ONS	ET AND DEATH
	LI RECORDS, 201  ULD BE EXECUTED  "PENDING" IN P.  FF MEDICAL EXA  SED AS A BURIAL  HEALTH AND ME  AL CREMATION, 0	NOI			NTRIBUTING TO DEATH B	IUT NOT RELATED TO THE TE	RMINAL DISEAS	E OR CONDITION GIVEN IN P	ART 1 (a				
	F VITAL RE E SHOULD WORD "PE E CHIEF A BE USED A BUT OF HE BUT OF	CERTIFICATION	190. DATE OF OPERA	TION	196 CONDIT	ION FOR WHICH OP	RATION W	AS PERFORMED?				20 AUTOPSY YES [	(? NO []
	DIVISION OF VITAL SCRTIFICATE SHOU RITING THE WORD " ROED TO THE CHIEF RES SHOULD BE USE RESEARMMENT OF HOTE OF PRIOR TO BURLAL		210 EXTERNAL CAUS UNDERLYING CONTRIBUTING	OR		INJURY MONTH DAY YEA	AR 21c. H	OW INJURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM TO PA	ART TOR PART 2		
	DIVISI THIS CERT WRITING WARDED WAGE 3 SH TATE DEPA	MEDICAL	21d INJURY OCCURE WHILE NOT AT WORK AT W			OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION	CITY OR	TOWN	COUNT	4	STATE
	MANER: TIFICATE BE FORE: ECTOR: P TH THE S: YLAND,		220. I certily that I death resulted Irom			Accident ,	Autop	, Inspection, Inspection, Homicide	Undetermined		I in my opinii	on	
	SHO		ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Jeh	m T	auber	M	Doputy ADDRESS 821	MEDICAL EX		hace	3-28	-82
	TO WEE EXECUT PAGE 4 TO FUN BALTIM		URIAL, CREMATION, R	EMOVAL 23h	DATE	23c. NAME OF C		R CREMATORY	23d LOCATION		COUNTY		STATE
07	7/84 BP		BURTAL  JNERAL DIRECTOR		/1/85		ON NA	TIONAL CEM	REC'D. BY REGIST	INGTON,	VIRGI	NIA	HAIR
30	DHMH - 17 (VR A15 ME (5))	24. 6	NAME -	RICHA ST., N.	RD RAPP. W., WASHI	INC. INGTON, D.C	. 2000	ADD	2 1985		TRAR'S SIGN		

TYPE C. C. STEEL MANDELS CARRY COLOR OF THE STATE STATE STATE SELL-HERE Control of the line - Ast targette with the Color of the Color DELCAMAN CHAST IN 1804 1 ST., M.H., MASHIMSON, D.J., 20009 APR 2 1905

The low requires that the death certificate be executed within 24 hours after death. P

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

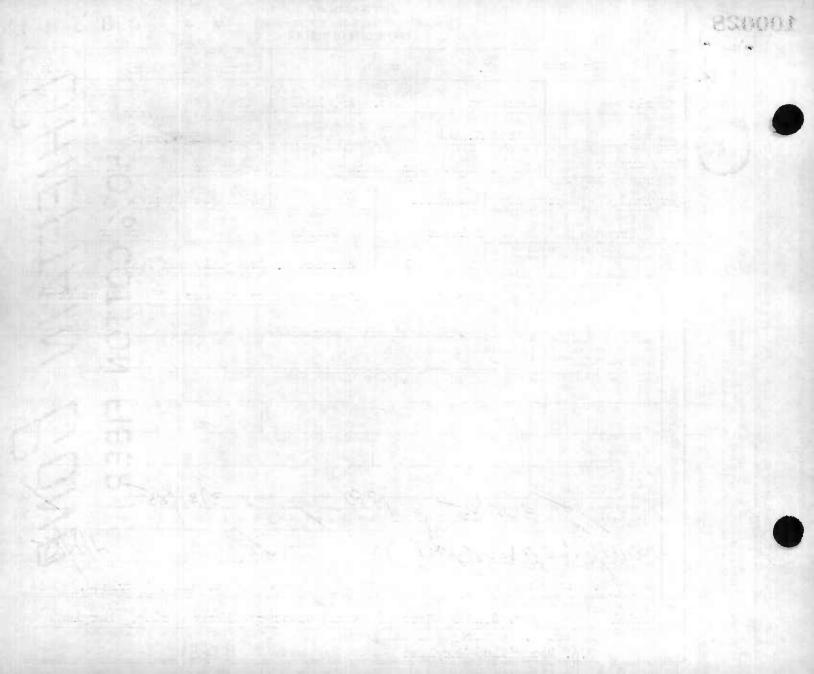
# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 5 0

08841

-1		REGISTRAR				CERTIF	ICATE OF DEAT	H	R	EG. NO			
1		CEASED NAME	FIRST		MIDDLE	ı	AST		20. DATE OF DE	MTA	NONTH	DAY YEAR	2b. HOUR
1	(TYPE	OR PRINT) Fr	ances	]	[.	Duma	is		March	31	, 19	85	llam <sub>M</sub>
	3. SEX	(		4. RACE		5. DATE C			. AGE (IN YEARS	LAST BIRTH	IDAY)	MONTHS DAYS	
	Fe	emale	1534	Caucasi	Lan	Nov	25, 190	01	83		YRS	MOINTS DATS	MIN.
1	7a. BII	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNT	RY? B	D NEVER MARR	IED 🗆	BALTIMORE C	ITY OR		Y OF DEATH	
1	Ca	inada		United	States	WIDOWE			Montgo	nery	Cour	nty	MD
1		ty or town of DEA	ТН	(IF NOT IN SUC	H FACILITY, GIVE S		enter instituti	1166	120 USUAL OCC (TYPE OF WORK FOR Homemake	MOST OF			
5	13a S	AL RESIDENCE (IF NURS. TATE Yland	136 COUN		134 CITY OR T Rockvi	NWO	13d. INSIDE CITY LI YES <b>XIX</b> NO	MITS?	130 STREET ADD 14411 Pe	RESS /	ZIP COD	ve/ 208	353
1	14 FA	THER'S NAME FIRST Francis	3	WIDDLE	Rollin	s	Jess:		MI	DDLE		Brewer	AST
1		VAS DECEASED EVER		MED FORCES?	166 SOCIALS	SECURITY NO.	17 INFORMANT			ADDRES	S	50	
	no		10 165,00	TE WAN ON DATES	020 26	2679a	Beatrice	e H.	Stengel:	L, s	ee #		
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Chronic Obstructive Pulmonary Disease											NIMATE INTERVAL N ONSET AND DEATH YEARS
		Canditions, if any,	which	DUE TO, O	R AS A CONSE Genera		rterioscl	erosi	S			20 3	years
	gave rise to immediate cause (a), staffing the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF												
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									VEN IN PART 1	10		
7	CERTIFICATION	19a DATE OF OPERATION 19b COND			ndition for which operation was performed			D	YES NO	? <b>X</b> X	IN CERTI	S, WERE FIND FYING CAUSE ES	INGS USED S OF DEATH? NO
1		210 ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DE	AIR		DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE	OF INJURY	IN ITEM 18	PART I OR PART 2}	
	MEDICAL	21d INJURY OCCURE	RED	21e. PLACE	OF INJURY REET, FACTORY, OF		211 LOCATION STREET		CI	TY OR TOW	n/	COUNTY	STATE
		27s I certify that (II saw, the decade above, (II) \$100	(this work	3/28	/83		nd that in (my) (g)	opinion d	to 3	3/	e and ha	. 19 ur and from th	, that (I) (re) last ne couses stated
		Veure C	1	arus	Loo	5	PHYS	IDING E	MEDICAL DIRECTOR []	STAFF PHYSICI		124 DAT	11/85
		Henry C.			0						ia, M	arylan	d. 20814
		BURIAL, CREMATION, SECTIFY) Burial	REMOVAL	Apr. 3			Heaven C		ry Silve	OWN	prin	g, Mar	cyland
	24 FL	JNERAL DIRECTOR RO	bert	A. Pump	hrey F	uneral	Homes,	250 DATE	REC'D. BY REGI				
	1 1	Ρ.	A. R	ockville	, Mary	land		AP	K 819	85	Croses	Davidson	-Range 12

DHMH - 16 60M 7/84 (VRA 15, 4)



FOR

REGISTRAR

DECEASED NAME

- STATE

[TYPE OR PRINT)

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20. DATE OF DEATH DAY 2b. HOUR 6. AGE [IN YEARS LAST BIRTHDAY]

3. SE.	Female		White		5. DATE O	. 13, 1890 AR	6. AGE   IN YEARS LAST BIR	THOAY)	MONTHS DAYS	HOURS	24 HRS MIN
	rimplace (state or for		U.S.	WHAT COUNTRY?	MARRIE E WIDOWE	D NEVER MARRIED D	Montgo	_			MD.
	Iver Spring					sing Home	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C retired		12b. KIND ( INDUSTRY  C & P		
	at residence in nursing aryland		other institution.	ROC KVILLE		13d INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e STREET ADDRESS	elyn .	$\mathbf{b_r}$ ive	20852	
14. FA	Joseph	A	AIDDLE	Pessagan	0	15. MOTHER'S MAIDEN NAM Aemilia	WE		Reteli	ata	
	VAS DECEASED EVER I			577 01 18		Adrienne M.	Dunn same a		•		
	18 CAUSE OF DEATH PART I. DEATH WA	AS CAUSED	y one couse per DBY: E CAUSE (o)	line for (o), (b), one	Ca	idiae Am	est		BETWEEN /C	MATE INTE	DEATH
	Conditions, if ony, gove rise to imm cause (a), storing underlying couse	which ediote	DUE TO, OI	R AS A CONSEQUE		Bookgeni	Careit	- Out	3	pool o	athy
NOI	PART 2 OTHER SIGN	IFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PART 1	10'	
CERTIFICATION	190 DATE OF OPERATI	ION	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	HN CERT	S, WERE FIND IFYING CAUSE ES [	NGS USE S OF DEA NO [	TH?
ICAL CER	218. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	AUSE OF DEAT	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF IN)U	RY IN ITEM 18	PART 1 OR PART 2}		

21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

220.1 certify that (I) (this hospital) attended sow the decreased olive on obove and that in

(my) (aux opinion death occurred an the date and hour and from the causes stated 22b. SIGNATUR DEGREE 22c DATE SIGNED

22e ADDRESS

224 PHYSICIAN'S NAME LTYPE OR PRINT

NOT WHILE

23ª BURIAL, CREMATION, REMOVAL

Gate of Heaven Cemetery Silver Spring, Maryland Ale

MEDICAL

3/19/85 (SPE Burial

1331 Rockville Pike, Rockville, Maryland 20852 (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DE 1441166

STAFF

COUNTY

STATE

DHMH - 16 50M 4/83

BP.

FUNETAL DIRECTOR:

HOSPITAL

has bee

ATTENDING

DIRECTOR PHYSICIAN

Time and displace 1971.

The second of th

FOR - STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH LAST 20 DATE OF DEATH 7h HOUR 1985 6. AGE IIN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER I YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH Montgomery 120. USUAL OCCUPATION 126. KIND OF BUSINESS OR Union Retired-Grand Barkley 9096 Foxablage Drive 21791 159 16 155 3Wayne Eckert (Son) Union Bridge, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 months

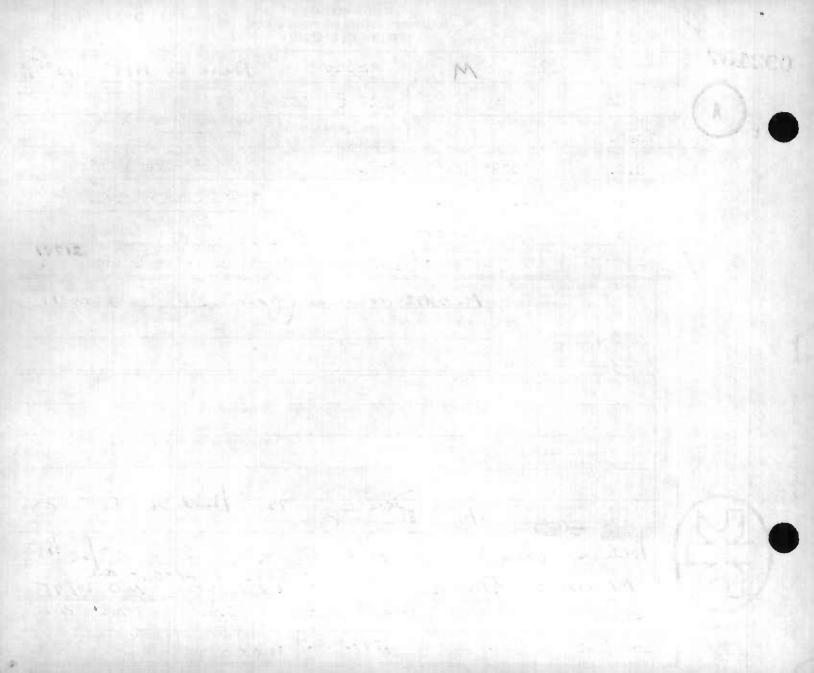
Md .TATE

Mont

a Develor-Handell

Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF				
gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF				
PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TEL	rminal disease or con	DITION GIVEN IN PART 11	a
90 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND IT	
Ball History Records			YES NO	YES 🗌	NO 🗌
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)	
214 INJURY OCCURRED  WORK NOT WHILE NOT WHILE NOT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	ZII LOCATION STREET	CITY OR 10	wn COUNTY	StA
270   certify that (I) (this hospital) sow the deceased alive an	3/25 19 85 00		n death occurred on the do		

24 FUNERAL DIRECTOR
Hines/Rinaldi 11800 New Hamp. Ave. S.S. Nd. DATE REC'D. BY REGISTRAR'256 REGISTR



081056			DEPA		MARYLAND H AND MENTAL HY	SIERE 5	083	4
TO	STATE REGISTRAR			CERTIFICA	TE OF DEATH	REG. NO		7.00 X
(B)	1 DECEASED NAME	gaer,	Monte	LAST			MONTH DAY YE	AR 26 HOUR_
F-41	(TYPE OR PRINT)	zabeth Se	oott Ashlin	El de	idge	2	11 9	5 500
1 14	3. SEX	TARACO LA CARACO	-	5. DATE OF BIR		6. AGE (IN YEARS LAST BIRT	(HDAY) IF UNDER I	YEAR IF UNDER 24 HRS
2 20	Femo	ale	Cauc.	MONTH /2	76 1889	95	YRS WONTHS D	DAYS HOURS MIN.
0 1 16 83	70 BIRTHPLACE (STATE COUNTRY)	E OR FOREIGN 76 CIT	US A	MARRIED WIDOWED	DIVORCED	Mon 190	RCOUNTY OF DEAT	
	10. CITY OR TOWN OF	DEATH II. N	IAME OF HOSPITAL, NUE	RSING HOME OR OT	HER INSTITUTION	170 USUAL OCCUPATE	F WORKING LIFE) INDUS	-1-
201	Silver SI		INSTITUTION, GIVE RESIDENCE BE		NYS, CATI	secretai	ry 600	verment
MO21	130. STATE Washingh	13b, GOUNTY	13c CITY OR T	OWN 13d.	INSIDE CITY LIMITS?	138 STREET ADDRESS /	ZIP CODE	9008 55 5T, N, W
July delight	14. FATHER'S NAME FIRST  Granv	MIDDLE	Ac LIAST	15. /	AOTHER'S MAIDEN NA		6.00	ve/ey
# 8- OF		VER IN U.S. ARMED F	ORCES? 16b. SOCIALS	ECURITY NO. 17	NFORMANT	ADDRE	SSCroften,	Md -
80 P P P P P P P P P P P P P P P P P P P	(YES, NO OR UNKNOWN	(IF YES, GIVE WAR (	DR DATES] 577	544534	owe F Disco	s, 1676 Carl		
LTIM COUNT Pers. P					ary E Rive	a Toyo Cari		PPROXIMATE INTERVAL WEEN ONSET AND DEATH
physical physical condops on popping emovo event, i	PART I. DEAT	H WAS CAUSED BY:	JSE (a) bro	nchopne	ou monia		BETV	2 days
ON the ce		D	UE TO, OR AS A CONSE	QUENCE OF	1	- 1 /	2	in desc
deo offe offe offe offe offe offe offe o	Conditions, if gove rise to		(b) Cerel	rovascu	lar acc	ident		; c days
by the bose removed the bother the by the contract of the bose removed the	couse (o), s		UE TO, OR AS A CONSE	QUENCE OF				
DIVISION OF VIT AL RECORDS, 201 W. PRESTON ST NG PHYSICIAN; The low requires that the death cert rottending physicion. Wher this certificate has been signed by the offending to sthe buriol-tronsit permit. Then please remove carbon th and Mental Hygiene prior to buriol, cremation, or ren orked or flem 18 shows any injury, or other troumants ev		SIGNIFICANT COND NYEOM		TO DEATH BUT NOT	RELATED TO THE TER/	AINAL DISEASE OR CON	DITION GIVEN IN PAI	RI IIo
I RECO	NOTE OF OP	ERATION	% CONDITION FOR WH	ICH OPERATION W	AS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI	
VITA ysicio cote onsit Hygie	Zia. ACCIDENT WA		Ib. TIME OF INJURY	210	HOW INJURY OCCUP	RED (ENTER NATURE OF INSUR	TY IN ITEM IS PART TOP PAR	RT 2)
OF CLAN	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M. MONTH P.M.	DAY YEAR				
ON HYSH	CIF EITHER NOTIFY 21d. INJURY OC	CURRED 2	In PLACE OF INJURY	211	LOCATION	CITY OR TO	wn COUNT	TY STATE
VISI G Pl orter ort ord ked		OT WHILE	AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC )	SINCE	CITY OX YO		3,410
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TEN Ortol Of Ho	sow the de	ceased alive on9		9 <u>85</u> , and the	at in (my) (our) opinion	death occurred on the do	ate and hour and from	n the causes stated
R A A hosped tem	226 SIGNATURE		the body after death.	DEGI	REE		224. [	DATE SIGNED
te Dod	howve	HER th.	(Medanil	berMu	ATTENDING PHYSICIAN	MEDICAL STAF	IAN I	Mar 85
Par	22d PHYSICIAN	S NAME LIYPE OF PRINT		, 220	ADDRESS	,		
O HOS formed for the	haure	nce H.	Schain	Ker	5401 00	estern Au	ENW.	Wesh, De.
agaaaa	230 BURIAL, CREMATI	ON, REMOVAL 236	DATE	131 NAME OF CEME	TERY OR CREMATORY	23d. LOCATION		STATE
1 / 9 BP 7 9	(SPEC Burial		3/11485 A	rlington	National Co	4	lington.	277114
DHMH - 16 50M 4/83	24 FUNERAL DIRECTO	R Jeseph Ga	wler's Sons	inc.		TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIC	SNATURE
(VRA 15, 4)	5130 Wisc	. Ave., N.	W. Wash. I	3°.C.	MAC	4.0 400E 9	dia Nacidan	Mandall.

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Frofton, M. 

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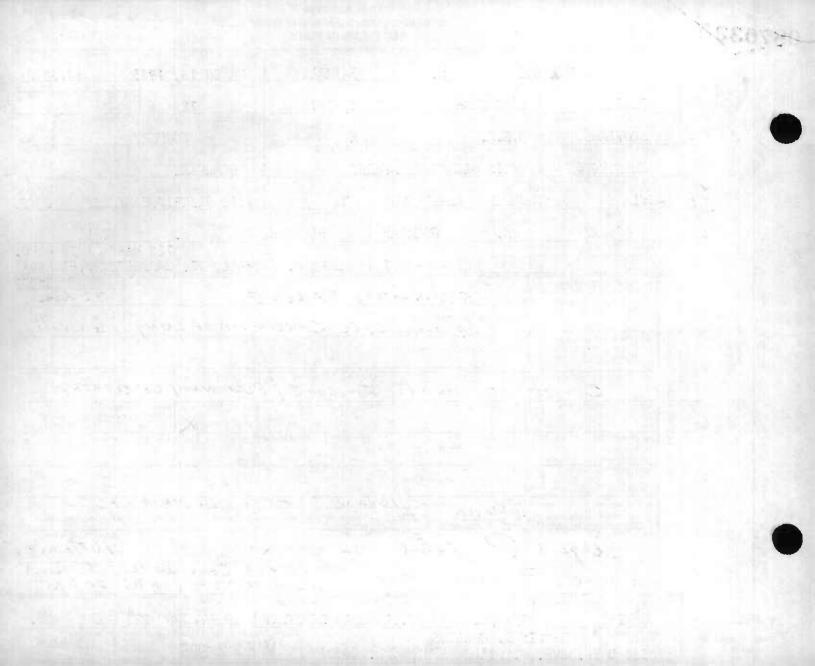
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12		STATE REGISTRAR		ME	DICAL	EXAMIN	ER'S C	ERTIFIC	CATEO	F DEATH	REG. I	VO 0		
25.53.57. 20.00.00.00.00.00.00.00.00.00.00.00.00.0	1. DE	CEASED NAME E OR PRINT)	GEORG	orge J.	EŢŢį	s, Sr	. E	LLI	ſ	0	TE KNOWN	MONTH	DAY 1	126 HOUR 152 AM
ARY, PEASE DIRECTOR. YOUR FILES TON STREET	Ma	le	White	S. DATE OF BIRTH	YEAR 02	6 AGE (IN YE. LAST BIRTHD.	MONTH		HOURS :	MIN PRON	ATE DUNCED EAD	MONTH 3.	/U 19	YEAR 2d HOUR PJ 1052
POR WINERAL	FC	RTHPLACE (ST		U.S.A		ITRY?	8 MARRI WIDOW	ED NEW	ÉR MARRIE DIVORCE	D	NTGO	_	12 Y	TH MD.
	B	ETHES	SDA	11. NAME OF HOS	RB/	TREET ADDRESS)	Hesni		ION	FOR MOST OF	CUPATION (T WORKING LIFE)	YPE OF WORK	OR IND	OF BUSINESS OUSTRY
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E, MO.	14. F	THER'S NAME FIRST	1 0	WIDDLE	Elli	tast .		FI	R'S MAIDE		MIDDLE	M	LAST Organ	
TIMOR TERRES		Samue VAS DECEASED ES, NO, OR UNKNO	EVER IN U.S. AR		16b. SO	CIAL SECURIT		17 INTORM	l'i'am	M. E1:	Lis ADDRE	ón		
URS ATTER	H	No.	DE ATU /F	ly one couse per line		-46-1	053A	6 H	artma	n Ct.	Poto	mac,	MD	20854
55, 201 W. PRESTON ST., ECUTED WITHIN 24 HOUI 3" IN PENCIL IN ITEM 18. AL EXAMINER ALONG W. LURAL - TRANSIT PERMIT. NUD MENTAL HYGIENE, I. NTON, OR REMOVAL.		Condition gove ris couse (o) Tying cous	s, if ony, which to immediate stating the <u>under-</u> e last.	TE CAUSE (o) DUE TO, OR	TER IN	SCLUTE SEQUENCE	OF COTTO	CAR	Dov	BENGO	ex D	senso	7	YYS
HAL RECORDS, 2011 HOULD BE EXECUTED RD "PENDING" IN PR THEF MEDICAL EXA USED AS A BURIAL- USED OF HEATTH AND MEI RIAL, CREMATION, (	CERTIFICATION	19a DATE OF				WHICH OPER	61.7			1110			20 AUTO	DPSY?
OF VI		UNDERLYING	CAUSE WAS	216 TIME OF HOUR A.M	MONTH	DAY YEAR		LAPSO		(ENTER NATURE O	OF INJURY IN ITEM	BPART I OR PAI	YES RT 2)	□ NO []
	MEDICAL	ZId. INJURY O WHILE AT WORK	NOT WHILE AT WORK	/	OF INJURY	TC.)	5	CATION TREET 2 KEN 1	wood	AUT CITY	HEUY (	NASE COL	Mon	STATE STATE
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, FORDING BE FORV TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SI BALTMORE, MARYLAND.		220   certif death resulte		e of the remoins de	A cident		Autop:	Homici		Undetermine	i monner	DATE	3//	1/85
O MEDIC XECUTE 1 AGE 4 SI O FUNEI ALTMOR		EXAMINER'S IN	T)/ \( \text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\text{\tint{\tint{\tint{\tin{\tint{\tint{\text{\tint{\text{\tint{\text{\text{\text{\text{\tin{\text{\text{\text{\text{\text{\text{\tin}\text{\tin{\tin{\tin{\tin{\text{\tin{\tin{\text{\tin{\tin{\tin{\tin{\tin{\tin{\tin{\ti	Howis 1	6/	MAYC				Viscons.	w Reev	Re)	463	12 118
07/84 BP						ate o					ver Sp			STATE
DHMH - 17 (VR A15 ME (5))	24 F	Ave.	M Gawle	er's Son Washing	s, I	nc., D.C.	5130 20	Wisc 016	MAF	1 4 19	B5 256 REC	SISTRAR'S S	IGNA HOSE	dell

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1	REGISTRAR		CEKTIF	TCATE OF DEATH	REG. NO	5	
T.	DECEASED NAME FIRST	WIDDLE		LAST		MONTH DAY YEA	R 2b HOUR
L	(TYPE OR PRINT) VIR	GINIA DALE ES	CHENBU	RG-SEARLE	MARCH 20	1985	3:40 M
3	SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT		
1	FEMALE	CAUCASIAN		CH 14 1943	42	YRS	AVS HOURS MIN.
1	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	1
1	COLORADO	UNITED STATES	WIDOWE	D DIVORCED	MONTGOM		MD.
Y	O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR		OR OTHER INSTITUTION	120 USUAL OCCUPATE		D OF BUSINESS OR
1	BETHESDA	NAVAL HO			ATTORNEY		IDICTAL.
1	DICTRICT OF COTE	WASHING	ORE ADMISSIONS	YES X NO	3. STREET ADDRESS /	ZIP CODE	W 9999
1	4 FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ME	1.444	LAST
1	HERMAN M.	ESCHENBURG ·			I-FAN M	MAY	
Į.	60 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRE		
L	NO OR UNKNOWN) (IF YES G	522-58	-3964	ROBERT A.SEAR	RLE,3715 LIV	INGSTON ST	REET, NW
Г	18 CAUSE OF DEATH (Enter of	only ane couse per line far (a), (b).	and ic	WASHINGTON ,	DC 20015	APP	ROXIMATE INTERVAL EEN ONSET AND DEATH
1	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a) SUB	ARACHO	ID HEMORRHAGE			
L	Divine Div	DUE TO, OR AS A CONSEC	DIJENICE OF			7	TETT AV TOTAL
Г	Conditions, if ony, which	DUE TO, OR AS A CONSEC	JUENCE OF				
П	gave rise to immediate couse (a), stating the	)				1000	
L	underlying cause last	DUE TO, OR AS A CONSEC	DUENCE OF			60 600	
L	PART 2 OTHER SIGNIFIC ANT	CONDITIONS CONTRIBUTING T	O DE ATH BUT	NOT BELATED TO THE TERM	INIAL DISEASE OF COME	771011 07151 7171	
1		CONDITIONS CONTRIBUTING T	O DEATH BOT	NOT RELATED TO THE TERM	INAL DISEASE OR CONL	THON GIVEN IN PAR	1 110
1	190 DATE OF OPERATION	19h CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN	IDINGS USED
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING				YES X NO	IN CERTIFYING CAU	SES OF DEATH?
1	210. ACCIDENT WAS UNDERLYING		D.14 NEAD	21c HOW INJURY OCCURR		100	
L	OR CONTRIBUTING CAUSE OF DE		DAY YEAR			Add to the	
L	(IF EITHER NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION			
Г	MILE NOT WHILE D	(AT HOME STREET FACTORY, OFFIC	E FARM, ETC }	STREET	CITY OR TOV	WN COUNTY	STATE
П		pital) ottended the deceased from	MARCE	1 3 <sub>10</sub> 85	to MARCH	20 19 85	that (1) (we) lost
ı	sow the deceased alive a	MARCH 20 19	OF	nd that in (my) (our) opinion o			
П	22b. SIGNATURE	oat) view the body after death		DEGREE			ATE SIGNED
ı		, ,		ATTENDING	MEDICAL STAF	F 2	-22-85
1	22d. PHYSICIAN NAME NYPE	excles M. D.		122- ADDDESS	HOSPITAL ,		CAT. COMMAND
	T. G. RAINEY	, CDR / MC, USNR		NATIONAL CAPI			
ı	BURIAL, CREMATION, REMOVA (SPECIFY) CREMATION:	3/23/85 G		EMETERY OR CREMATORY	SUTTLAND	PG.	MD.
2	FUNERAL DIRECTOR RICHA	RD RAPP, INC.		25a. DATE	REC'D. BY REGISTRAR	Sh. REGISTRAR'S SIGN	NATURE
1	1804 T ST.	N.W., WASHINGTO	N.D.G.	20009 MAN	2 6 1985	wia Davidson	Maylana
1				118/11	I am I have I		

DHMH - 16 60M 7/114 (VRA 15, 4)

DENTELS YEAR DITH NAME OF STREET



- STATE

(TYPE OR PRINT)

REGISTRAR

Male

TO BIRTHPLACE (STATE OR FOREIGN

Pennsylvania

22d. PHYSICIAN

Burie 1

23a. BURIAL VIEW TION, REMOVAL

Josepl

4 RACE

USA

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2a DATE OF DEATH 230 PM (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS YEAR 00 White 10 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED DIVORCED [ Montgomery (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET 03

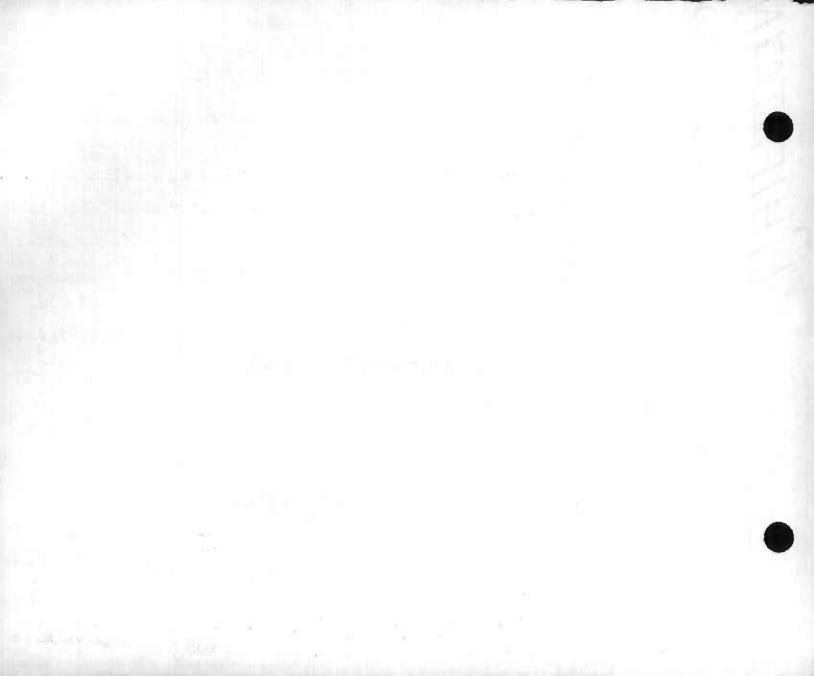
	.Oma Laik	washington Adven	CISC HOSPICAL	DITCKLAYEL	11440 60	JUS L.L.
Ma	AL RESIDENCE (IF NURSING HOME OR OTH STATE TYLAND MONTGOI TYLAND	mery   131 SIIVer Spr	ingyes NO D	13e.STREET ADDRESS / Z 1500 Statesi		209
14. F.	ATHER'S NAME FIRPHILLIP MID	Falcone	Lucia		Maiatico	
	WAS DECEASED EVER IN U.S. ARME (18 YES, NO OR UNKNOWN) (18 YES, GIVE W N/A N/A	AR OR DATES)		ADDRESS cone-wife-(sa		
TION		DUE TO, OR AS A CONSEQUENCE OF THE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE TO	BUT NOT RELATED TO THE TER			95
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED		NO. IF YES, WERE FINDINGS NO CERTIFYING CAUSES OF YES \( \bigcup \)	
	2) B. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		AR 21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY I	NITEM 18 PART 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a I certify the (1) (this hospital sow the deceased olive on obove, (1) (we) (did) (and not) v 22b. SIGNATURE	6 MASIN 19 AT	ond that in (my) our) opinion DEGREE ATTENDING	n deoth occurred on the dote	ond hour and from the cou	

DHMH - 16 50M 4/83 (VRA 15, 4)

Mar. 11, 1985 St. Bridges Catholic Cem 24 FUNERAL DIRECTOR Hines/Rinaldi Funeral Home Silver Spring, Md.

Glassboro

New Jersey



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

STATE OF MARYLAND

2ª DATE OF DEATH

REGISTRAR REG. NO DECEASED NAME MIDDLE LAST MONTH 26. HOUR [TYPE OR PRINT] ANNA ROSE FARRELL 1985 MARCH 15 3 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) # UNDER TYEAR IF UNDER 24 HRS January 31,1896 DAYS HOURS 89 Female Caucasian TO BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7% CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MONTGOMERY Ireland WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 12h KIND OF BUSINESS OR BROWNE ACCEROVE EET ADDRESS) NURSING HOME (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY OLNEY Housewife H ome USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 134 INSIDE CITY LIMITS? 18430 Brooke Grove Rd. 20832 Olney Maryland Montgomery NO X YES | 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Donahue Murphy Bridget Charles 27ADD Fox Lane 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Commack, N.Y. 11725 112-26-1140 Charles T. Farrell no APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH IS CAUSE OF DEATH (Enter only one cause per line land), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE Conditions, il ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER DON FICANT CONDITIONS CONTRIBUTING TO DEATH BUCTOOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION In DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 70a AUTORSY? IN CERTIFYING CAUSES OF DEATH? NOV YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY STREET CITY TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased olive on 1 > 1 > ab did not) view the body after death. and that in (my) (see) opinion death occurred on the date and hour and from the couses stated 226 SIGNATURE DEGREE 77r DATE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 274. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

March 19,1985 L.I. Nat. Cemetery

DHMH-16 25M (VRA 15, 4) 1/79

d be

24 FUNERAL DIRECTOR

Burial

230 BURIAL, CREMATION, REMOVAL 234 DATE

Francis H. Barber Laytonsville, Md. 20879

Pinelawn, Suffolk, N.Y. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE quie Davidon-Man

236 LOCATION

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN DOMONIH FAZZINO JOSEPH (TYPE OR PRINT) ESTI DEATH MATER HOURS STREET. AGE IN YEARS IF UNDER 24 HRS. DATE OF BIRTH DATE PRONOUNCE DEAD 09 9 BALTIMORE CITY OR COUNTY OF DEATH ISTATE OR To BIRTHPLACE NEVER MARRIED New York USA WIDOWED DIVORCED 126 USUAL OCCUPATION TYPE OF WORLD 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Warehouse man Warehouse UAL RESIDENCE IN HORSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13d INSIDE CITY LIMITS? STATE 13e STREET ADDRESS 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, Vincent Fazzino (unknown) 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 051-09-1926 Josephine Fazzino-wife-(same as 13e) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). OICAL EXAMINATION OF BURNEY A BURNAL TRANSIT PERSON OF HAND MENTAL HYGIENE, D. THAND OR REMOVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19s. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WASHINGTO THE CHIEF I PAGE 4 SHOULD BE FORWARDED TO THE USED TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH. WITH THE STATE DEPARTMENT OF HE AFTER DEATH. WITH THE STATE DEPARTMENT OF HE YES [] 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING WEDICAL CONTRIBUTING CAUSE OF DEATH P.M TIE PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Hamicide Undetermined monner TITLE (SPECIFY) SICINATURE MEDICAL EXAMINER EXAMPLER'S NAME John S. Rogers, DME 1919 Seminary Rd. Silver Spring, Md. TYPE OR PRINT 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 3-18-1985 Burial Silver Spring Montgomery Md Gate of Heaven Cemetery 07/B4 25M 24 FUNERAL DIRECTOR 11800 N.H. Ave. Md. Silver Spring, Md. Hires/Rinaldi Funeral Home **DHMH - 17** (VR A15 ME (5))

087025	STATE OF MARTLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REGISTRAR  STATE OF MARTLAND  CERTIFICATE OF DEATH  REG. NO.	3 5
Mag and the second	1. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DA (TYPE OR PRINT)  WATER D. FERT'S MATCH 17  3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (INYEARS LAST BIRTHDAY)	NO LINDER I VEAR IF UNDER 74 MIR.
A ZZ A SZ	Ta. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  TO BIRTHPLACE (STATE OR FOREI	
21201 d in by the the fleed with	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  SILVER SPRING  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. STATE  136. COLLY OR TOWN  136. INSIDE CITY LIMITS?  136. STREET ADDRESS / ZIP CODE	176 KIND OF BUSINESS OR INDUSTRY  FOSTAL SERVICE
E, MARYLAND oled within 24 completely filler 1 oled 2 should	Md. MONTGOMERY SILVER SARNG YES NO 1/399 COLUMN.  14 FATHER'S NAME FIRST NORMAN WILL'S FERRIS  CLARA EMMA	STOWE
MATIMORI of the exect pers. Poges of the medical	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  (YES, NO OB UNKNOWN) (IF YES, GIVE WAR OR DATES)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:	E 195 #13)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
005, 201 W. PRESTON ST. regited by the attending p Then please remove carbons to burial, cremation, or rem rijury, or other traumatic eve	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	N IN PART Ito
OF VITAL RECO	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 280 AUTOPSY? 200 IF YES. IN CERTIFY!  YES NOT YES  210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (If EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
DIVISION TENDING HITTERING OF OHITERING	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  216 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)  217 LOCATION STREET  CITY OR TOWN	county State  that (I) (wy lost and from the causes stated
TO HOSPITAL OR AT TO HOSPITAL OR AT TO FUNERAL DIRECTOR Should be detoched for with the Store Dept of With The Store Dept of Topics of T	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN M DIRECTOR PHYSICIAN DIRECTO	272 DATE SIGNED 3/17/1985 A 0 816
BP	236. BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OF TON HALLY	DALE, N.C.
DHMH - 16 50M 4/83 (VRA 15, 4)	24. FUNERAL DIRECTOR  NAME  CHAMBERS CO. INC. SILVER SPRING, Md.  25. MARREZOZY 1985 AR 256. REGISTER  L. W. W. CHAMBERS CO. INC.	Alisa Hendergran

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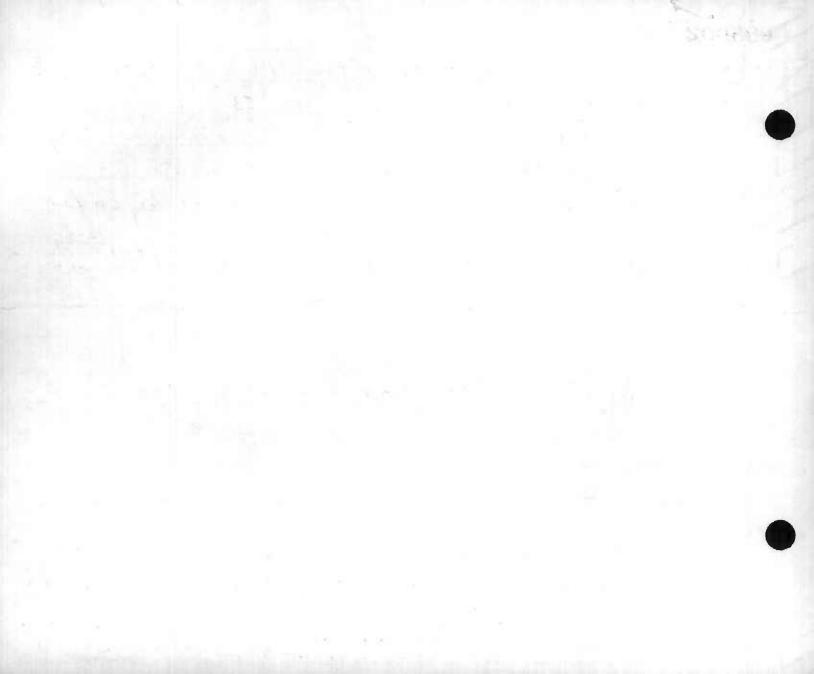
(VRA 1S, 4)

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENÉ CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO. 20. DATE OF DEATH DECEASED NAME MONTH 26. HOUR TYPE OR PRINT 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR DATE OF BIRTH DAYS MONTH ucasian 9 BALTIMORE CITY OR LE INTY OF DEATH STATE OR FOREIGN 7h. CITIZEN OF WHAT MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION A KIND OF BUSINESS OR USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFOR ADMISSION)
130. STATE
1131. COLINTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE Olney 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 16n WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMAN LYES, NO ORAJNKNOWNI LIF YES, GIVE WAR OR DATES! Vo 18 CAUSE OF DEATH (Enter only one couse per line fosa), (b), and (c), PART I. DEATH WAS CAUSED BY 6 mi IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, il any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAXED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF PERATION 20a AUTOPSY? 20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [ NO [ 210. ACCIDENT WAS UNDERLYING **71h TIME OF INJURY** 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. 19 LIFEITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) STREET NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on, and that in (my) (our) opinion death occurred on the date and have and from the causes stated eve, (1) (we) (did not) yiew the body ofter death DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN KI DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 236. DAIMarch Buria] CITY OR TOWN COUNTY 1985 Needham Cemetery Sat. Needham Norfolk Mass. 11800 N.H. Ave.. 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 Hines / Rinaldi Funeral Home

Silver Spring, Md AD



0771	72	FOR 5/14/85 rja DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3	5 3
1)		1 - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
( R)	U	DECEASED NAME FREST Arthur MIDDLE H Herbertast Forelman 20. DATE KNOWN MONTH	DAY YEAR 26 HOUR
WARRED OF		ARTHUR HURBERT FOGELMAN DEATH MATED 3	8 1985 /6/M
W THE STATE OF STATE	3.	Male CAUG S. DATE OF BIRTH MONTH DAY YEAR 15 UNDER 1 YR. IF UNDER 24 HRS 20. DATE MONTH DAY YEAR 15 UNDER 24 HRS 20. DATE MONTH DAY YEAR 25 UNDER 24 HRS 20. DATE MONTH DAY HOURS MIN PRONOUNCED DEAD 33 0000000000000000000000000000000000	DAY YEAR 2d. HOUR 19 85 16 10 M
NAW THE	14	BIRTHPLACE (STATE OR FOREIGN COUNTRY)   8 MARRIED   NEVER MARRIED   9. BALTIMORE CITY OR COUNTRY	OF DEATH
S S S S S S S S S S S S S S S S S S S	12	PA. USA WIDOWED DIVORCED DIVOR	Y MD.
ELAY IS TO THE PACE SELLED	70	BETHESDA SUBURBAN HOSPITAL USUAL OCCUPATION (TYPE OF WORK 128)  SUBURBAN HOSPITAL  120 USUAL OCCUPATION (TYPE OF WORK 128)  FOR MOST OF WORKING LIFE)  ELECTRICAL EWAIN CAPA	OR INDUSTRY
ANY D AND 3 SETAIN SETAIN		JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  3a. STATE  13b. COUNTY  13c. CITY OR TOWN  13d. INSIDE (ID-LIMITS? 13e. STREET ADDRESS, YES NO (1470) WILL ARD	20815 AVE
A NO.	15	4 FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE AND FIRST MIDDLE	LAST
A KKA	50	Julius - Fogelman Frances - Re	enner
TER I	11	166 WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO, OR UNKNOWN (IF YES TOPE ME GAPATES)  167 INFORMANT ADDRESS	#13.
S AF GINE PAG VISH	/	Juanita Fogelman, Same ac	
ST. ST.		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO HERONAL	VAL.	2/3 SMMEDIATE CAUSE (o) MULTIPLE TRAUMA	8 DAYS
ES SE S	EWG	Conditions, if ony, which	
W. P. WITA	8	gove rise to immediate (b)	
DO NE	Z	lying couse lost.	
ANE SECOND	8 1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	
S A S A S A S A S A S A S A S A S A S A	YS _	multiple Scherosix	
A CHE	12	19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
F 7575	84	3-1-85 INTRACRAWIAL HEMMORHAGE	YES NO
A STATE OF S	2/	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR	)
SHOOT SAN	9/	CONTRIBUTING CAUSE OF DEATH 1209.M. 2 28 1985 HT BY BUS IN MOTORIZED 21d INJURY OCCURRED 21d PLACE OF INJURY (ATHOME, 211, LOCATION	WHEDLINAIR
PAGE SEE	6	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	1/ - WHE
WAN	0		1801 110
#255#	3	220 I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and in my opinion	on
■ MEHONE	2	death resulted from Notation L. Accident Suicide L., Homicide L. Undetermined monner L.	, ,
X S S S S S S S S S S S S S S S S S S S	\$	ACTUAL SPECIFY) DATE	3/8/85
SET SET	87	M.D. MEDICAL EXAMINER SIGNED	20814
SEC. SEC.	200	EXAMINER'S MAME FR ANCES MAYER ADDRESS EZOOWISCONK ON HUE BETT	1630 MA
52 A 5 FA	2 23	236 BURIAL, CREMATION, REMOVAL 236 DATE 236, NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OF TOWN COUNTY	STATE
07/84 BP		Burial 3/10/85 Wash Heb Cong Mem pr Washington D	C
DHMH - 17	2	24. FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 256. DATE RECU. BY REGISTRAR 236 REGISTRAR'S SIG	NATURE
(VR A15 ME (	(5))	5130 Wisconsin Ave, N W, Washington, DG, April 19 19 19 19 19 19 19 19 19 19 19 19 19	100

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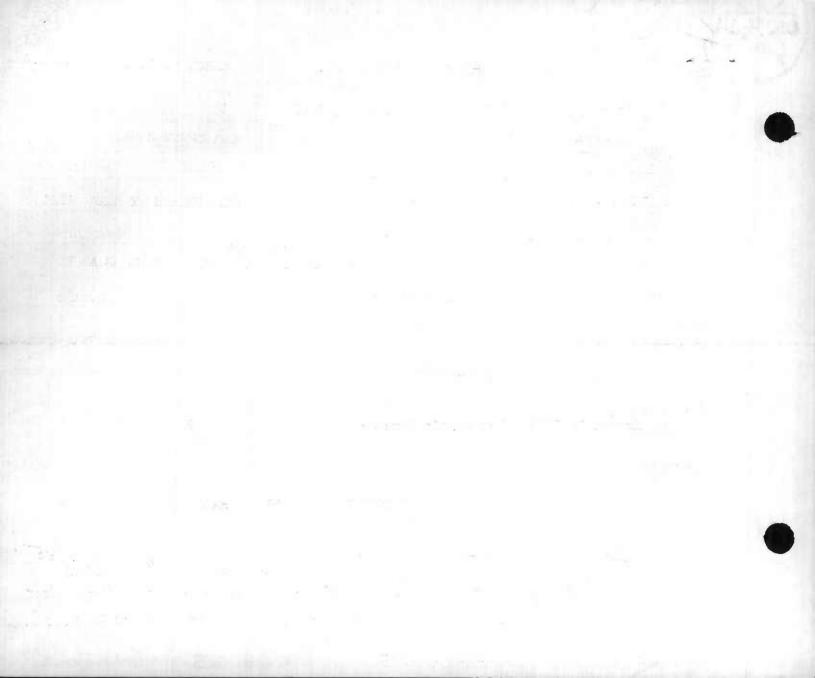
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Bethesda, Maryland

- STATE REGISTRAR REG. NO LAST 2n DATE OF DEATH MONTH I DECEASED NAME 2b. HOUR TYPE OR PRINTS MARCH 6, 1985 11:30 RONALD WESLEY FOLTZ JR. 4. RACE S DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX MONTH YEAR WHITE MALE 1967 18 TAN 31. BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? \$ MARRIED NEVER MARRIEDXX Pennsylvania United States MONTGOMERY COUNTY WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR Student (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Education BETHESDA THE CLINICAL CENTER, NIH USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
PENNSYLVANIADauphin Middle Paxt Middle Paxtons 13e.STREET ADDRESS / ZIP CODE 1230 PETERS MT ROAD 17018 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME ALIDOLE Wesley Doris Morgan Fo1tz Sr. Ronald ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (FATHER) SAME AS ABOVE RONALD W. FOLTZ, SR 210-54-2526 II. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY Months METASTATIC SARCOMA IMMEDIATE CAUSE (g) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 19st DATE OF OPERATION THE CONDITION FOR WHICH OPERATION WAS PERFORMED TIME IF TES, WERE FINDINGS USED No: AUTOPSYT IN CERTIFYING CAUSES OF DEATH? August 20,1984 Metastatic Sarcoma NOIX The ACCEPTAL WAS UNDERLYING TIS TIME OF INJURY THE HOW INJURY OCCURRED. ( LAURE NATURE OF ROURS IN THE RET I DRAWN IN HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING [ ] CAUSE OF DEATH F-M OF EITHER NICKEY WELL ALTERMANEN. 214 INJURY OCCURRED TIR PLACE OF INJURY COUNTY CITY OF YOMR 1/16/25 AT HOME SPREEL FACTORY, DRIVER FARM ETC.) ACCOUNTS 276.1 certify that (1) (this haspital) attended the deceased from AUGUST MARCH 6 specific deceased alive an MARCH 6, shove, (I) (we) (did) (did not) new the body after and that in (my) jour? opinion death occurred on the date and how and from the causes stated 77% SIGNATURE THE DATE ARONNE NATIONAL INSTITUTES OF CLINICAL CENTER, BETHESDA, MARYLAND 20205 Burial Riverview Memorial Halifax Dauphin Penna. Robert A. Pumphrey Funeral 250. DATE REC'D. BY REGISTRARIZS REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

Homes.



STATE OF MARYLAND

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Alley departs the selection

### - STATE REGISTRAR

DECEASED NAME

4 FATHER'S NAME

BIRTHPLACE (STATE OR FOREIGN

South Caroli

TYPE OR PRINT

FIRST

4 RACE

Mont.

Samuel Gambrell

MIDDLE

LE WAS DECEASED EVER IN U.S. APARED EDDCESS THE SOCIAL SECTIPITY NO

Black

76 CITIZEN OF WHAT COUNTRY?

216 TIME OF INJURY

P.M.

21e PLACE OF INJURY

4217 9th St NW: Washington, D.C

HOUR A.M. MONTH DAY YEAR

AT HOME STREET, FACTORY OFFICE, FARM ETC.)

4.5516

#### "STATE OF MARYLAND DEPARTMEN CE

MARRIED NEVER MARRIED

YES

13d INSIDE CITY LIMITS

15 MOTHER'S MAIDEN

NO [

Bet

SAMBREL

5 DATE OF BIRTH

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

MD

Wheaton

LAST

OF HEALTH	AND	MENTAL	HYGIENE	
RTIFICATE	OF	DEATH		

YG	ENE S	3	0	9	O .	2	0
Η	1000	REG.	NO.			The last	
	20. DATE	35/27/	85	DAY	YEAR	26 HG	120 M
- 1	6. AGE (	IN YEARS LAST &	BIRTHDAY		DER I YEAR		DER ZILHRS
	60	رو	YRS.	MONT	HS DATS	HOUR	5 MIN.
7	9 BALTIA	MORE CITY	OR COUN	TY OF	DEATH		-
		NTG			0	1	MD.
	120 USU	AL OCCUPA	TION OF WORKING	(JEE) II	26. KIND O	OF BUSI	NESS OR
		Driv				hoo	1
	13e STREE	T ADDRESS	zip col eorg	ia	2/ Ave	nu-	16
۱A۸	ΛE		The second				
- 32		WIDDLE		Mc	Cli	nto	n
- 1		ADD	RESS	W	hea	ton	,Md.
Ga	mbre	211,	1330				
					ASDBO	WHALL YE IS	PERLIA!

YES, NO OR UNKNOWN) (IF YES, GIVI	WAR OR DATES)	Wheaton, Md 3306 Ga Ave
PART I. DEATH WAS CAUSE	y one cause per line far (a), (b), and (c) Shock	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 7 BAL
Canditians, if any, which	DUE TO, OR AS A CONSEQUENCE OF  (16) DETADTATIC CANCEL	142
gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF CANCIEN HEADT WELL	

DHMH - 16 60M 7/B4 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial 4-2-85

90 DATE OF OPERATION

21d INJURY OCCURRED

22h SIGNATURE

71n ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

saw the deceased alive an\_

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

22a 1 certify that (1) (this haspital) attended the deceased from

abave, (1) (we) (did) (did nat) view the bady after death

Stanley Schwartz

23¢ NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DEGREE

211 LOCATION

STREET

23d LOCATION

CITY OR TOWN Harmony Memorial 24 FUNERAL DIRECTOR Marshall's Funeral Home

20b. IF YES, WERE FINDINGS USED

COUNTY

22c. DATE SIGNED

YES [

IN CERTIFYING CAUSES OF DEATH?

NO [

STATE

ATTENDING MEDICAL STAFF
PHYSICIAN ADDIRECTOR PHYSICIAN

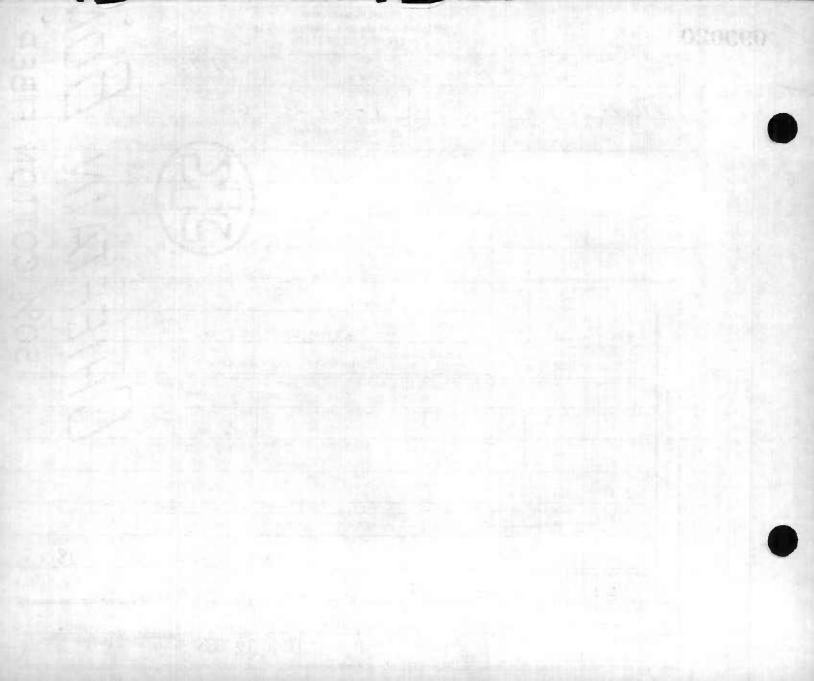
20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NO

and that in (my) (aur) apinian death accurred an the date and have and from the causes stated

CITY OR TOWN



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### STATE OF MARYLAND DE

PARTMENT	OF HEALTH	AND MENTAL	HYGIENE	() ~	,
CE	RTIFICATE	OF DEATH			REG. N

REGISTRAR			CERTIFICATE OF DEATH	REG. NO.		
1. DECEASED NAME	MARY	C.	GENTRY	3 - 17	ST YEAR	10:30 A
FEMALE		1. RACE CAUCASIAN	FEBNIZ, 1897		ONTHS DAYS	IF UNDER 24 HRS
70. BIRTHPLACE 1 STA	TE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY ON THE SECOND OF		MD
UHFATON	FDEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 2506 LIRBANA D		120 USUAL OCCUPATION   TYPE OF WORK FOR MOST OF WORKING LIFE   HOUSEWIFE		F BUSINESS OR
USUAL RESIDENCE (I	F NURSING HOME	OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE	ADMISSION)			

13a STATE	136 COUNTY	13E. CITY OR TOWN	1134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE
MARVIAND	MONTGOMERY	WHEATON	YESYY NO	2506 URBANA	DRIVE
14 FATHER'S NAME			15. MOTHER'S MAIDEN NA	ME	
FIRST	WIDDLE	LAST	FIRST	MIDDLE	LAST
TOSEPH	DIVIN	ICEN70	CECTLI	A	UNKNOWN
ME WAS DECEASED EV	ER IN ILS ARMED FORCES?	IAL SOCIAL SECURITY N	O 17 INFORMANT	ADDRESS	

(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) LENA BLADEN NO SAME AS 13 18 CAUSE OF DEATH (Enter only one couse per ling for (a), (b), and ic

PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (a), stating underlying couse

PART 2. OTHER SIGNIFICANT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CERTIFICATION 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOM YES NO [ 218. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL

LIFEITHER NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY OFFICE FARM, ETC.) CITY OR TOWN COUNTY. NOT WHILE

220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on obove, (I) (we) (did) (did not view the body after diath and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DEGREE ATTENDING / MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

236 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY GATE OF HEAVEN RURTAL

23d LOCATION CITY OR TOWN STIVER SPRING

STATE

20906

24 FUNERAL DIRECTOR FRANCIS J. COLLINS 500 UNIV BLVD. W. STIVER SPRING MD. MAR 2 2 1985

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

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MPORTANT.

FUNERAL

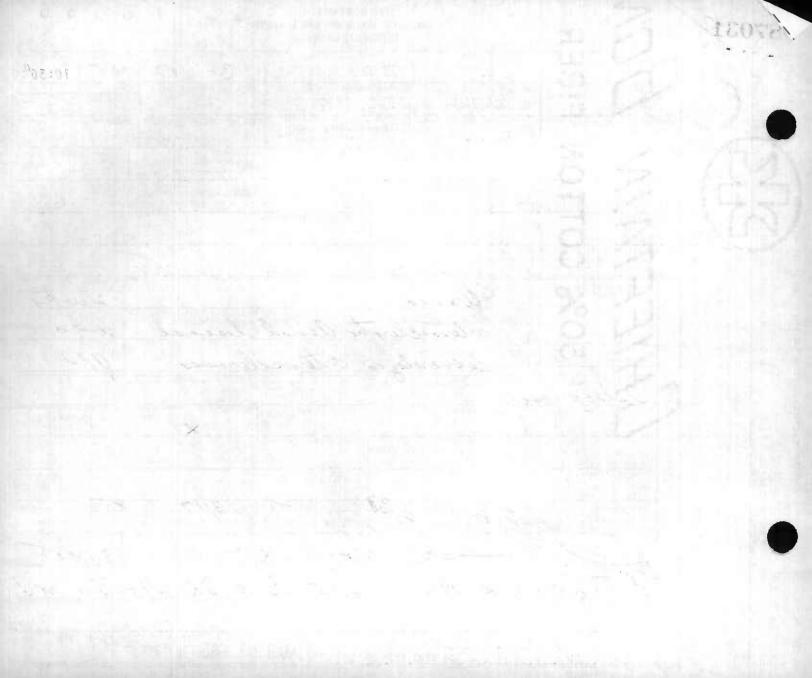
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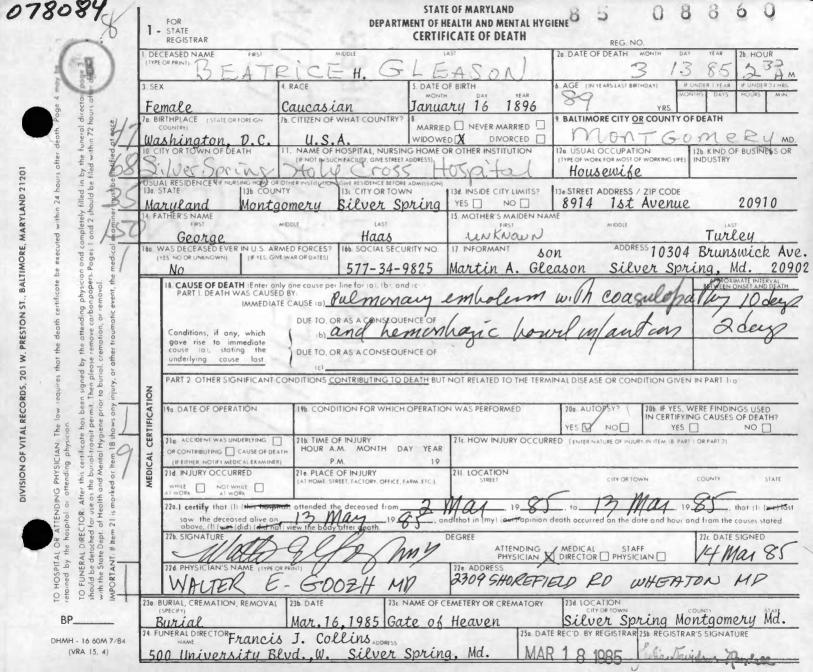
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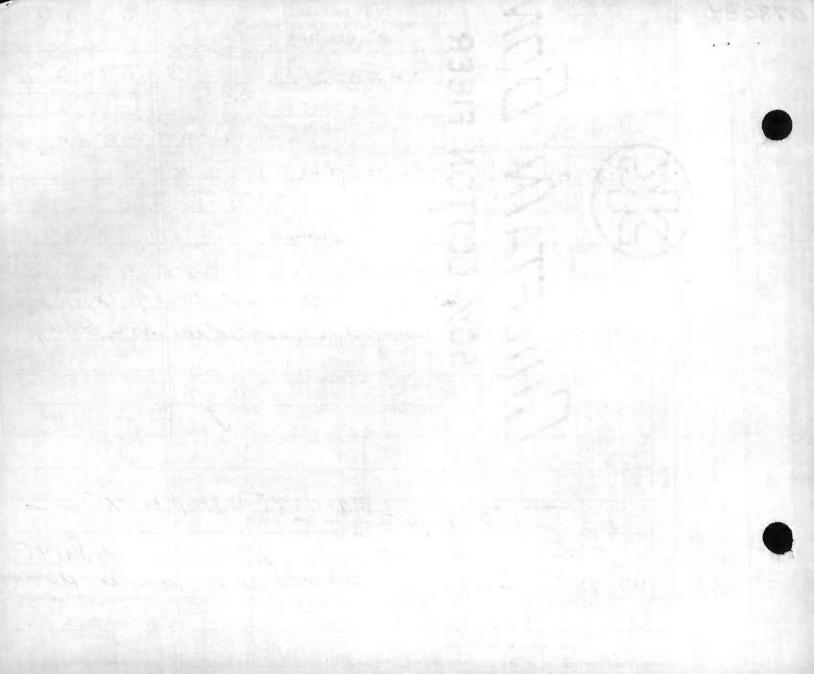


STATE REGISTRAR REG. NO DECEASED NAME KNOWN TO MONTH 2ª DATE (TYPE OR PRINT) OF ESTI-Jeremiah Gimlett F. 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. SEX IF UNDER 24 HRS DATE PRONOUNCED O BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED NEW YORK U.S.A. Montgomery WIDOWED [ DIVORCED O. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 120 KIND OF BUSINESS Montgomery General Hospital Olney REPURTER N. Y. STOCK EXCHANGE 13d INSIDE CITY LIMITS? 4 FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE MIDDLE GIMLETT NORA ALCOCK 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT YES WW IT 086-09-6765 LILLIAN GIMLETT SAME AS 13 WIFE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate couse (a) stating the underlying couse last. PART 2 OTHER SIGNIFIGANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO DO 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. If LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE NOT WHILE CITY OR TOWN COUNTY 22a I certify that I took charge of the remains described obave, held on death resulted from: \_\_\_ Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL SEMINARY RD., SILVER SPRING. MD. JOHN S. ROGERS 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION CROWNSVILLE VETERANS BURIAL 3/28/85 CROWNSVILLE ANNE ARUNDEL 24 FUNERAL DIRECTOR FRANCIS J. COLLINS 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 500 UNIV. BLVD. W., SILVER SPRING, MD. 20901 20M 4 82

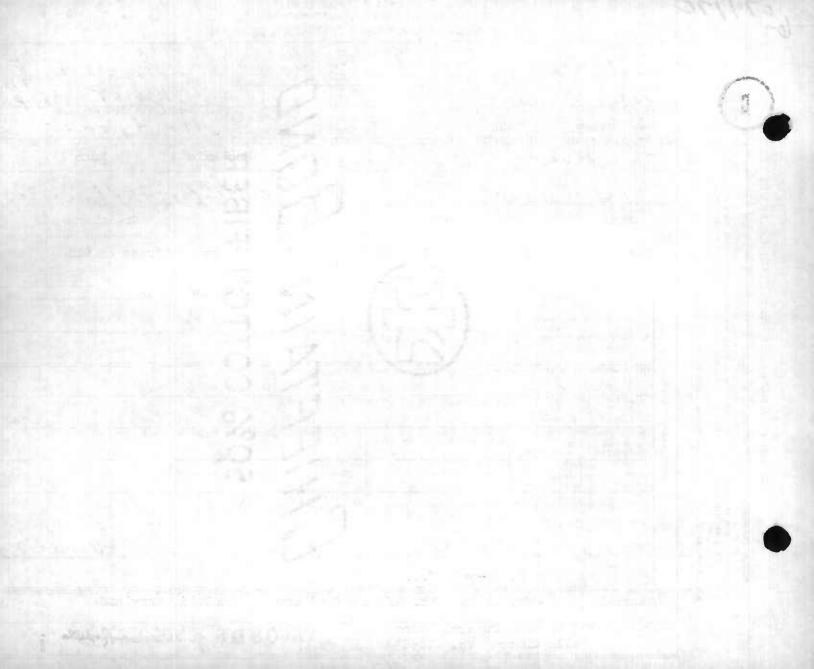
STATE OF MARYLAND







STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE REGISTRAR REG. NO L DECEASED NAME O DATE KNOWN DEATH MATER 3 SEX IF UNDER 24 HRS DATE LAST BIRTHDAY) NEVER MARRIED New Jersey USA 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Auto INDUSTRY Mechanic JSUAL RESIDENCE HEIN 3a. STATE 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Gold LAST Paula Jacob Greenbaum 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS (YENO OR UNKNOWN) WW TT Korea 221 20 0969 Carole Gold same address as #13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), 1b), and (c), PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? ARDED TO THE ARE 3 SHOULD BE LATE DEPARTMENT NO DO 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY CATHOME. PAGE 4 SHOULD BE HURWARDER
TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE DE
BALTIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.) COUNTY NOT WHILE AT WORK 因 220. I certify that I took charge of the remains described above, held on Autopsy and in my opinion Natural causes Homicide \_\_ Undetermined manner TITLE (SPECIFY) ACTUAL DATE March 4198 John S. Rogers, **ADDRESS** 230 BURN GREMATION, REMOVAL MAPATE . 1985 MEANTOE GARBET OCEMENTERY 23d Adel Phi, Maryland STATE 07/84 25M 24 FUNERAL DIRECTMES-Pearson Funeral Homes **DHMH - 17** Falls Church, Va. 22046 (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 2b. HOUR DECEASED NAME TYPE OR PRINTE Mary Margaret Goldwater 03/ 25/85 IF LINDER I YEAR 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 3. SEX 12/ 30/ 11 Female White a BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIEDXX New York Montgomery County United States WIDOWED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Carriage Hill Nursing Home LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Silver Spring Theater Manager A30. STA 15 Washington YES WILL PROJECT OF THE RESTRICTION OF THE RESTRICT OF TOWN D. C. 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 5420 Connecticut Avenue N.W. M FATHER'S NAME 15 MOTHER'S MAIDEN NAME Aub Goldwater Clara ADDRESSII6 Pinehurst Avenue 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (Sister) (YES, NOOR UNKNOWN) 577-40-6567A Janet Daniel New York, New York 10033 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c.)
PART I. DEATH WAS CAUSED BY: Orne IMMEDIATE CAUSE to Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES IX NO X 218 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this hampital) attended the deceased from sow the deceased alive on\_ and that in (my) apinion death occurred on the date and have and from the causes stated abave, (1) (did not) view the body after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d, PHYSICIAN'S NAME (TYPE OF PRINT) 9241 Columbia Blvd, Silver Spring, MD George F. Sengstack MD 236. BURIAL, CREMATION, REMOVAL 236. DATE 1985 (SPECIFY) Cremation March 30, 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Ft Lincoln Crematory Brentwood Maryland 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B2 P.A. 7557 Wisconsin Avenue, Bethesda, MD (VRA 15, 4)

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FOR STATE

## STATE OF MARYLAND

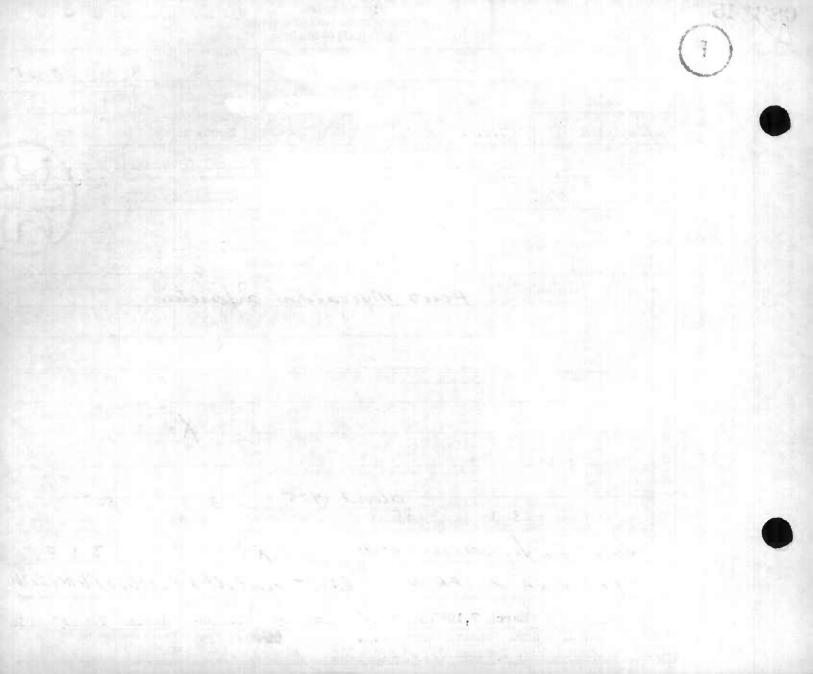
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

M	100	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	2		
Н		CEASED NAME FIR	51	MIDDLE	i.	AST		MONTH DA	Y YEAR	2h HOUR
4	(TYPE	CR PRINT) Loui	se (1	N.M.I.)	Goo	odall	3	3	1985	10.50 A
	3. SE>	Female	4 RACE Whit	re.	5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
	Je BII	RTHPLACE (STATE OR FOREIG		WHAT COUNTRY?	8		9 BALTIMORE CITY O	R COUNTY O	FDEATH	
)	Pe	nnsylvania	U.S.		WIDOWE		Montgome			MD.
3	Si	lver Spring	Holy	Cross Hosp	oital	dr other institution	Federal Gov		t Dept	
>	130 5	al residence (if Nur. 1971) STATE Lryland	OME OR OTHER INSTITUTION	Greenbe	ADMISSION)	13d INSIDE CITY LIMITS?	2-G Eastwa	13 <sup>IP</sup> 2077	O Agr	iculture
2	I4 FA	CIement	WIDDLE	Mitch		Louise	MIDDLE		Acke	rman
2	16a W	VAS DECEASED EVER IN U	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	177-09-2		Mary Lou Kra	ahe 891	Balla		ne nd 20735
	CERTIFICATION	underlying cause la	DUE TO, (c)		DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	20b. IF YES, 1	WERE FINDI	
	CERTIF	210 ACCIDENT WAS UNDERLY		DFINJURY	AY YEAR	21c HOW INJURY OCCUR	YES NOTER NATURE OF INJU	YES	F I OR PART 2)	NO 🗌
	MEDICAL	(IF EITHER NOTIFY MEDICAL EX	(AMINER) F	OF INJURY REET, FACTORY, OFFICE, F	19	21f LOCATION STREET	City OR TO	wn	COUNTY	STATE
	1	220.1 certify that (1) (this saw the deceased al above, (1) (we) (did) (		19 8	35 , 01	nd that in (my) (our) opinion	to 3 . 3 death accurred on the de	, 19 ate and haur c	and from the	that (I) (we) lost causes stated
		Lapino	Re de. S	anis	lu	PHYSICIAN	MEDICAL STA		3	
		RAJIN	,	SARIN	/	6201 Gree	whelt ho	cally	oe Ph	Nd 20760
	(	BURIAL, CREMATION, REM SPECIFY) Burial	March	7,1985 St	. Mar	emetery or crematory y's Cemetery	23d LOCATION CITY OF TOWN Sharon	Mercer	Peni	nsylvania
		and Baltimore					BRECP. BY REGISTRAR	25b. REGISJRA	ARBSIGNAT	DKE

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If Item 21 is

TO FUNERAL DIRECTOR. After this certificate has been signed by the offending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



082148	FOR STATE REGISTRAR
	1. DECEASED NAME

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEA

LAST

MIDDLE

FIRST . 1

TH	REG. NO.				
SR.	20 DATE OF DEATH MONTH	DAY	85	26. HOU	PA
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
YEAR 7	78 YRS.	WOWIHS	DAYS	HOURS	MIN.
RIED -	9 BALTIMORE CITY OR COUNT			,	ME

	Harr	У	Grani	SK.	3/	1/82 10 b	M
6	3. SEX male	Caucasian	5. DATE OF BIRTH	1 07	6. AGE [IN YEARS LAST BIRTHDAY]  7. P  YRS.	IF UNDER LYEAR IF UNDER 4 HR MONTHS DAYS HOURS MIT	15
9	76 BIRTHPLACE (STATE OR FOREIGN VIRGINIA	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVI	ER MARRIED DIVORCED	P BALTIMORE CITY OR COUNT	mery	MD
1	Bethescla	11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET		1	126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING L CILVIL Service	IZE. KIND OF BUSINESS C INDUSTRY U.S. Navy	)R
2	USUAL RESIDENCE (IF NURSING HOME OF 13e. STATE 13b. COU Maryland Mont		VN 13d INSID	E CITY LIMITS?	13. STREET ADDRESS / ZIP COD 6007 Henning S		
1	Harvey J	MIDDLE Grant		ER'S MAIDEN NAM FIRST Laide	WIDDIE	Strobel	
1	NO OR UNKNOWN) (IF YES, CF	RMED FORCES? 166 SOCIAL SECU PA 216-44-7			ADDRESS nt Jr.(Son) Same	As # 13	
	PART I. DEATH WAS CAUSE	inty one couse per line toy a), (b), and ED BY.  LTE CAUSE (a)	masala	This	vachusis,	6 WR	5
	Conditions, if ony, which	DUE TO, OR AS CONSEQUE	usive U	, how ch	soo e Leate	seas 10 yr	2
	couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	ENCE OF				

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116

CERTIFICATION 20). IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? He DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 19st AUTOPSYT NOF YES [ 21a. ACCEPT WAS UNDERLYING [ 216 TIME OF INJURY THE HOW INJURY OCCURRED. LEASES HALLIS OF HAURI PARTIES FART LORFART 21.

HOUR AM. OR CONTRIBUTING CAUSE OF DEATH MONTH DAY YEAR LETTHER HOTEL MEDICAL EXAMINER 19 P.M. 214. PHJURY OCCURRED TIE PLACE OF INJURY AT NOME STREET, FACTORY OFFICE, FARM, ETC.)

2H LOCATION

COUNTY

MARE

NO []

DEGREE ATTENDING PHYSICIAN

22e. ADDRESS

DIRECTOR | | PHYSICIAN |

THE DATESIGNE

23e. BURIAL CREMATION, REMOVAL

22x I certify that (I) (this hospital

RUG65 23c. NAME OF CEMETERY OR CREMATORY

Wisconsin Ave.N

23d. LOCATION

Buria]

23b. DATE

Cedar Hill

Cemetery Suitland

Prince Georges Md

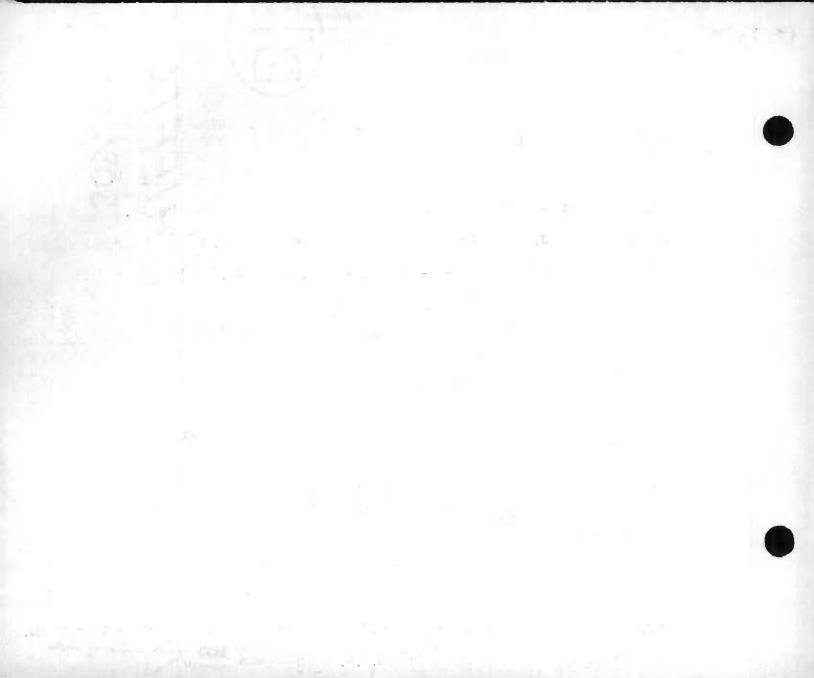
24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 NAME DeVol Funera

(VRA 15, 4)

FUNERAL DIRECTOR:

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BP.



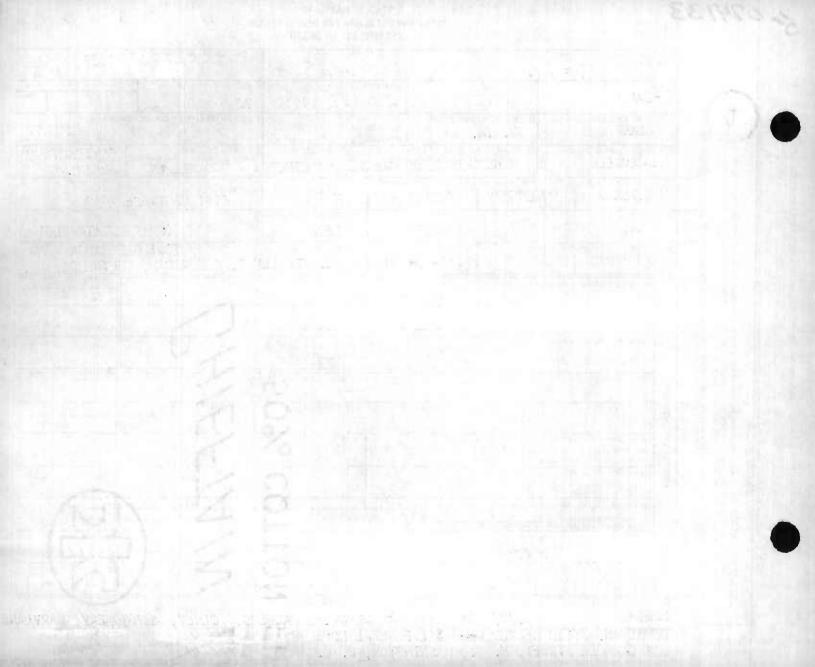
380. 28, 1976 de o Intelle 30 moran ishan .divo El permo de la collection de la co tentry Foldance n control to the transfer of t John Shard Talty Wilsthath JJ creek STY-60-1461 Joseph S. Greco, Same address at 13. O settle and see of the telephone at the box in the first of

miss /11/55 :. Hardin Genetary Brantwood, Maryland wosers waller's Sons, inc.
Slep wisconsin ave, hi, subdivipent, J.C. a X25

098134	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE PREG. NO.	8 3 6 6
n d	DECEASED NAME FIRST	3/IDDIA	Coreen	DATE OF DEATH MONTH	7 - 85 4:55 AM
page 3	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
s of the	Female	White	MONTH DAY YEAR 1 25 89	06	MONTHS DAYS HOURS MIN.
Pog dire	To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8.	9. BALTIMORE CITY OR COUNT	Y OF DEATH
nerol n72	New Jersey	U.S.	MARRIED NEVER MARRIED !	Montgomery	County MD.
by the fur iled with	10. CITY OR TOWN OF DEATH Olney	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Brooke Grow	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) Librarian	126. KIND OF BUSINESS OR
AND 212 AND 212 ifilled in hould be f	Md.	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	Spg.   13d Inside City Limits?	13. STREET ADDRESS 13711 Cresthil	1 Lane 20904
MARYL smpletely and 2 sl	14 FATHER'S NAME FIRST	MIDDLE LAST Garbe	15. MOTHER'S MAIDEN I	WIDDLE	LAST
MORE, n and co	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (# YES	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 085-30-		Newburg - Same as	s #13
N. PRESTON ST., BAL. I the death certificate i the attending physicic remove corbonopper cremation, or removal. ther traumatic events.	18 CAUSE OF DEATH IERTER PART 1. DEATH WAS CAU IMMED  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF TO, OR	TESTIVE A	MORIN TFAICIRE	BETWEEN ONSET ANDOBATH  3 W RS.
L RECORDS, 201 v  on.  on.  on.  on.  The bear signed by permit. Then pleas,  res pright to buriol, so		AT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO STEETE HOPERATION WAS PERFORMED	IN CERT	VEN IN PART 1(0  ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?  ES \( \cap \)  NO \( \cap \)
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir ontending physician. for this certificate baseen signs, the bursol-tronsit permit. Then the ond Metilial Higher prior to be orked or the last of the prior to be orked or the last of the last	OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED	DEATH HOUR A.M. MONTH	19 2H LOCATION	URRED (ENTER NATURE OF INJURY IN ITEM 18	
LI OR ATTENDING P the hospital or ottes the hospital or ottes a DRECTOR, after it stocked for use os the trocked for use os the	220.1 certify that (1) (this ha	ospital attended the deceased from	ond that i (my) our) opinion	an death accurred an the date and ha	, 19 5, that (1) we) lost our and from the causes stated
TO HOSPITA retoined by TO PUNEE INDUST B. B.	DONAL	DR. LEWI	S M.D. O GNO	EY, MDZE	832
BP	Removal	3/24/85 236 DATE 236	NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION CITY OR TOWN	COUNTY STATE
	24. FUNERAL DIRECTOR		25 q. G	ATE REC'D. BY REGISTRAR 251, REGIS	TRAR'S SIGNATURE
DHMH - 16 50M 4/B2 (VRA 15, 4)	NAME Anatomy	Board	Balto., Md. M	AK 2 8 1985 Julia.	Davidson-Range

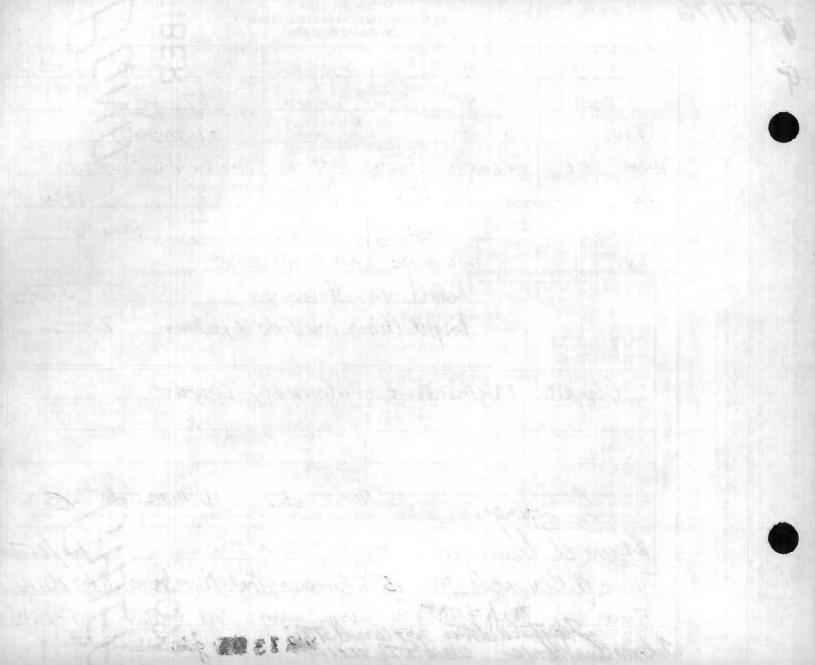
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be the		CEASED NAME FIRST		MIDDLE	GR	E EN S	SPAN 20	PEG. NO DATE MARCH "	ONTH 6 DAY 16	25 25 HOUR
0	1	EMALE	4. RACE WHITE		MAN'S	BIRTH 2 DAY	1912	AGE (IN YEARS LAST BIRTH	YRS	DAYS HOURS
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by the filled with	1	ROCKVILLE	HEBRE	HOSPITAL, NURSING	GREA	TER WAS	HINGTON	USUAL OCCUPATION OF WORK FOR MOST OF BOOKKEE	PER B	INTRACTIN USINESS
filled in novid be	130	NARY LAND 13 MO	NTGOMERY	13t. CITY OF TOWN	LE		10 🗆	STREET ADDRESS	NTROSE R	20852 DAD
ompletely ond 2 st		ATHER'S NAME YMAN <sup>IRST</sup>	WIDDLE	JACKIER		LENÄ	RST		(UNASCER	
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hysicion. ficote hos fronsit pee Hygiene		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O		OF INJURY M. MONTH DA	Y YEAR	21c. HOW INJU		YES NO E	YES 🗌	NO 🗌
NG PHYSICI.  offending Figure this cert os the buriol- th and Merita	MEDICAL	I IF EITHER, NOTIFY MEDICAL EXAM  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	M. OF INJURY REET, FACTORY OFFICE, FA	19 ARM, ETC.)	211 LOCATION STREET	٧	CITY OR TOW	n col	NIA 21
OR ATTENDI e hospital or DIRECTOR: A oched for use Dept of Heal		22a I certify that (I) (this has a way the deceased alive above, (I) (we) (did) (did) 22b. SIGNATURE	on 3/6	198	0	EGREE		th occurred on the da	220	, that (I) (we om the couses state DATE SIGNED
HOSPITAL or the by the bound by the FUNERAL I be deto build be deto the the Store I PORTANT: If	1	224 PHYSICIAN'S NAME IT	PEORPRINTI PATE	<u>.</u>	N	22e ADDRESS	HYSICIAN D	AEDICAL STAFF IRECTOR PHYSICI	AND	5/6/85 VILLE, M
Q € Q € \$ \$ = = = = = = = = = = = = = = = = =	B	BURIAL, CREMATION, REMO	3/7/1			METERY OR CR	REMATORY GARDEN	S, OLNEY	MONTGOM	ERY; MAR
DHMH - 16 50M 4/82 (VRA 15, 4)		OMALDIRMIORSTEIN 32 CARROLL STA		MEMORIAL 1 W. WASHIN			WAR 1	1 1985 04	ha wave son	in November



	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLA EALTH AND A ICATE OF D	MENTAL HYG		0 8	3 3	6 8
106183		CEASED NAME FIRST		MIDDLE	- Li	AST		REG. 20. DATE OF DEATH		Y YEAR	2b. HOUR
noy be page 3	(TVP)	· EMIL	-		GR		KY		3 6	85	455 Am
ge 4 ma ector, pi rrs after	3. SE	MALE	CAUC,	ASIAN	5. DATE O	F BIRTH	05	6. AGE (INYEARS LAST		DATE DAYS	IF UNDER 24 HRS. HOURS MIN.
death. Po		RTHPLACE (STATE OR FOREIGN COUNTRY) HUNGARY	и	.S.A.	WIDOWE		VORCED [	9. BALTIMORE CITY MONTGO	MERY		MD.
_ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		VER SPRING		HOSPITAL, NURSINGHEACHLY, GIVE STREET			TITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS MEDICAL	T OF WORKING LIFE!		CINE
MARYLAND 2120 meletely filled in ond 2 should be examiner must be in	USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP MONT	OTHER INSTITUTION	13c. CITY OR TOWN	SPRING	13d. INSIDE C	NO X	130 STREET ADDRES	ERSITY 1	3LVD. (	WEST 2090
ompletely rond 2 ski	14. E/	CORNELIUS	MIDDLE	GR TBOV	SKY	15 MOTHER'S	SMAIDENNA			)POVIĈ:	
BALTIMORE, cate be execut and capers. Pages % val.	160	VAS DECEASED EVER IN U.S. AR VES NOOR UNKNOWN) (15 YES GIV VES WW	MED FORCES?	165. SOCIAL SECT		17. INFORMA		VSKY-WIFE	SAME AS	3 # 13	
requires that the death certices signed by the attending I. Then please remove carbon or to burial, cremation, or residuality, an other traumatic every injury, an other traumatic ex	TION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, C	DR AS A CONSEQUE	ENCE OF  ENCE OF					26.7	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir catending physician. Alter this certificate has been sig as the burial-transit permit. Then the and Membel Hygiene prior to be acked at them 18 shows any injury	CERTIFICATION	190 DATE OF OPERATION	7	DITION FOR WHICH	OPERATIO			YES NO	IN CERTIFY YES		NGS USED S OF DEATH?
SICIAN: The opposite of the op		210, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEL	ATH HOUR A	OF INJURY A.M. MONTH D P.M.	AY YEAR 19			RED (ENTER NATURE OF I	DURY IN ITEM 18 PAR	IT I OR PART 2)	
DIVISION or attendia After this e as the bu	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE,	FARM ETC )	21f LOCATIO STREET	ON ON	CITY OR	10WN	COUNTY	STATE
TENDO ortol as or use of Heal		220 I certify that (I) (this hasp saw the deceased alive an above, (I) (we) [did] (did no	2/2	19	\$5. an	d that in (my)	(our) opinion	death accurred on the	date and hour	and from the	that (1) (we) last causes stated
DIR DEP		226. SIGNATURE	N			DEGREE	ATTENDING PHYSICIAN	MEDICAL ST	TAFF SICIAN -	3 6 /8	SIGNED 35
TO HOSPITAL efained by if		22d PHYSIGIAN'S NAME TYPE OF	- 46			22 ADDRES	5/ GE	ORSIA-A	R.S	IWER	Spring
H 2 L 4 / 4		BURIAL, CREMATION, REMOVAL				METERY OR		23d. LOCATION CITY OR TOWN		COUNTY	LAD SWELLED
BP		IRTAL UNERAL DIRECTOR	3-11-		. VEIL	KANS C	EMETERS 250. DATE	CHELTEN	RING PEGISTR	AP'S SIGNAT	MARŸĽAND
DHMH - 16 50M 4/82 (VRA 15, 4)		NAME FRAN	VD. WES	COLLINS STLVER	SPRING	G. MD.	M	AR 1 1 1985	Julia D	avidson-	Mandell

STATE OF MARYLAND 077176 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2n DATE OF DEATH 2b HOUR (TYPE OR PRINT) Lillian 98 3. SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IE UNDER 24 HRS MONTH DAY YEAR BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE I STATE OR FOREIGN NEVER MARRIED MARRIED A DIVORCED [ NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IR CITY OR TOWN OF DEATH THE KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY IAKOMA HOUSENIFE SEAUSTRES ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
36. STATE 131 COUNTY 136, CITY OR TOWN 30 STATE 13e.STREET ADDRESS / ZIP CODE 136 INSIDE CITY LIMITS? SCHYULKIL PALO ALTO NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST MIDDLE BAUMAN CARL MALETO ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES NO OR JUNKNOWN) GILLESPIE 202-10.3110 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line to) (a), (b), and ici. I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO CERTIFICATION 20b. IF YES, WERE FINDINGS USED ION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO T YES 218. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE IAT HOME, STREET, FACTORY OFFICE FARM ETC 1 NOT WHILE 220.1 certify that (1) this hospital attended the deceased from, docased alive on the MITALITY (well did) (fild not view he bady after death. 10 85 and that in (my lour) opinion death accurred an the date and have and from the causes stated DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTAN 22e ADDRESS the the 23a. BURIAL, CREMATION, REMOVAL 23b. DATE DHMH - 16 50M 4/83 (VRA 15, 4)



5 07414	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENES 5 0 8	370
(E)	I. DECEASED NAME FIRST HOMAS	L.S. GROSS SR.	20 DATE OF DEATH MONTH DA	85 8:15A.
oge .	111111	egro nonth day year 10 14 21	63 YRS	FUNDER 1 YEAR IF UNDER 24 HRS
deoth P	Maryland (	MARRIED NEVER MARRIED NEVER MARRIED DIVORCED MORCED	9 BALTIMORE CITY OR COUNTY OF MONTE COUNTY OF MONTE COUNTY OF COUNTY OF THE COUNTY OF	ERY MD
ours offer	Silver Spring How USUAL RESIDENCE HE MURSING HOW OR OTHER HAS	NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  NOT OSS HOSPITAL  ITUTION GIVE RESIDENCE BEFORE ADMISSION	(TYPEGF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
ithin 24 h	Maryland Montgon 14 FATHERS NAME	mery Silver Spring 13d. Inside City Limits? YES NO 15 MOTHER'S MAIDEN N		aurCorners
or cecuted w and comple	Ido WAS DECEASED EVER IN U.S. ARMED FOI	RCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	OROTHY APORESS	LAST
BALTIMO one be ex opers. Pog vol.	18 CAUSE OF DEATH IE ITEI ONLY ONE CO	214-16-7959 SUSIE K. 6		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
S. 201 W. PRESTON ST., ires that the death certifi gned by the attending pl in please remove corbane burial, cremotion, or rem iry, or other traumotic eve	Conditions, if ony, which gove rise to immediate cause to stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITION	E TO, OR AS A CONSEQUENCE OF  (b) CEREBRAL ANOXIP  E TO, OR AS A CONSEQUENCE OF  (c) CAR DIAC ARREST  ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER		6 WKS 6 WKS
The low requered to the low requered to the low requered to the low requered to the low sort in the lows ony injury.	190 DATE OF OPERATION 196 210. ACCIDENT WAS UNDERLYING 21b.	CONDITION FOR WHICH OPERATION WAS PERFORMED	YES NO YES	24
NG PHYSICIAN: oftending physic often this certificate os the buriol-frons in and Mental Hygicaked or them 18 st	OR CONTRIBUTING CAUSE OF DEATH  IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  21e	TIME OF INJURY DUR A.M. MONTH DAY YEAR P.M. 19  PLACE OF INJURY HOME STREET FACTORY OFFICE FARM ETC.)  21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18, PAR	COUNTY STATE
ATTENDING spital or other control or other care difference of the of Health or m 21 is marken	220.1 certify that (1) (this hospital) after sow the deceased alive on above, (1/1) (did) (and pot; view th		. to	that (I) (Ne) last and from the causes stated
HOSPITAL OR. Inned by the hor FUNERAL DIRE WILD BE detoched in the Stote Dept ORTANT: If the	226 SIGNATURE  LONG  226 PHYSICIAN'S NAME (TYPE OR PRINT)	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3-7-85
Operation of the state of the s	230 BURIAL, CREMATION, REMOVAL 236 D.			20910 MAILE
DHMH - 16 50M 1/81 (VRA 15, 4)	24 ANIERAL DIRECTOR R. Sno	widen Rockylle MAR	ATE REC'D. BY REGISTRAP 150. REGISTRA  18 1935 Julie Maridae	AR'S SIGNATURE

ATR 725 2 6-10-10-11 The street of the street of the The state of the s Y X & MODIUM HE TO THE HOLL BOMBLE CALL COLLEGE TELEVISION TELEVISION TO THE WORLD the second second second Carried Section ( admost a record of ever A SHARE THE RESERVE AND ADDRESS OF A STREET OF THE PROPERTY OF FOR STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR				-	ENTIL	ICATE OF DEATH		REG. NO.			
	CEASED NAME	ertie		erin	<b>e</b> ]	-	TERMAN	March	EATH MO	198	DAY YEAR	26. HOUR 11:35p
3. SE	X		4. RACE		-	DATEC		6. AGE (IN YEA			IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female		Whi	te		Jul		82		YRS.	MONTHS DAYS	HOURS MIN.
7a. B	IRTHPLACE (STATEO COUNTRY) Virginia	R FOREIGN	76 CITIZEN OF V		/		D NEVER MARRIED	9. BALTIMORI Mont		COUNTY	or DEATH	MD
	aithersbu		11. NAME OF H				ROTHER INSTITUTION	176 USUAL OC (TYPE OF WORK F HOU			126 KIND C INDUSTRY	OF BUSINESS OR
130	AL RESIDENCE (IF NU STATE	136 COUN		13c. CITY O			13d. INSIDE CITY LIMITS? YES NO	13e STREET AD 24650			e n Lane	20879
14. F.	ATHER'S NAME FIRST Willis	H	widdle arvey	Sir	rk		15. MOTHER'S MAIDEN NA	ME	becca		Delaw	ter
	WAS DECEASED EVE (YES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	166 SOCIA 213-	-74-9		Jesse Dan:	iel Halt	ADDRESS Orman		Item '	MATE INTERVAL
	Conditions, if on gove rise to in couse (o), state underlying cour	nmediate ing the	(b)		cina	ome	a of bile	e duc	75			
ICATION	gove rise to in couse (o), stat underlying cou	nmediate ling the se last	(b)  DUE TO, OF  (c)  CONDITIONS CC	Ca V	SEQUENC	O M d	NOT RELATED TO THE TERM		OR CONDI	20b. IF YE	VEN IN PART 10 S, WERE FINDII FYING CAUSES	NGS USED
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DHMH - 16 50M 4/83 (VRA 15, 4)

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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005	1. DE	REGISTRAR CEASED NAME	FIRST	MIDDLE	L.	LST .	REG. NO		7b HOUR
		OR PRINT)	zabeth	Wise	Har	nilton	March 27,		3:27A.
	3 SE	(	4. RAC		S. DATE O		6 AGE (IN YEARS LAST BIRT		
	1	Female		White	Jani	uary 19,1909	76	YRS.	5 HOURS MIN.
35	1	RTHPLACE (STATE OR FOR COUNTRY)	EIGN 76 CITE	U.S.A.	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O		M
7/	T	ty or town of DEATH	Was	AME OF HOSPITAL, NUR NOT IN SUCH FACILITY, GIVE STO Shington Adv	reet ADDRESS) ventist		12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Teacher	WORKING LIFE INDUSTR	OF BUSINESS OF Cation
33	Ma	aryland	P.G.	13c. CITY OR TO		136 INSIDE CITY LIMITS? YES NO [	13e STREET ADDRESS / 6515 40th		82
169	W	igar	WIDDLE	Visco Visco		IS MOTHER'S MAIDEN NAME FIRST	MIDDLE		nk
2			U.S. ARMED FO	DATEST	-1738-A	Mr. Arthur	ADDRE B. Hamilton	No# 13e.	
ury, or other traumatic	z	Conditions, if any, we gave rise to immedicate (a), stoting underlying couse	which diate the lost	JE TO, OR AS A CONSECUTION OF AS A CONSECUTION	OUENCE OF	NOT RELATED TO THE TERM			2 month
2	TIFICATION	19a DATE OF OPERATIO	N 198	CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO NO	206. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USED ES OF DEATH?
8	MEDICAL CERTIFI	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED	SE OF DEATH EXAMINER)	OUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR			
Hem			(A	PLACE OF INJURY		STREET	CITY OR TO	VN COUNTY	
orked or Item	*	WHILE OF WHILE AT WORK							STATE
ept of recoin and Mental	W	220.1 certify that (1) (the	nis hospital) att	ended the deceased fro	m Feb.	12 19 85 d that in (my) (our) opinion DEGREE	to 312 death accurred on the do		_, that (D(we) las
NNT: If them 21 is morked or them	W	27a. I certify that (h) (the saw the deceased abave. (h) (we) (did 27b. SIGNATURE	nis hospital) attraction of the on 3 (did not) view	ended the deceased from	m Feb.	d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	, to 3 2 death accurred on the do  MEDICAL STAR DIRECTOR PHYSIC	ite and haur and from t	_, that (D(we) lass he couses stated
With the State Dept of Health and Membel IMPORTANT: If them 21 is marked or them 1	W	22a. I certify that (I) (the saw the deceased abave, (I) (we) (did	nis hospital) at a alive an alive an alive an alive an alive we are alive at a second at a	ended the deceased from	m Feb.	d that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN \$ 27e ADDRESS	MEDICAL STAF	ite and haur and from to 27c. DA	that (D(we) lass he couses stated TE SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

74 FUNERAL DIRECTOR
F. Gasch's Sons F.H. P.A. Hyattsville, Maryland APR 1 -

REGISTRAR 16 REGISTRAR'S SIGNATURE

Maryland

P.G.

.172:0 Elizabeth ise durilton lurch 27, 1983 Temple thite tanger 10,1000 year noticeable tenings tering the management of the south 317975 line Campio MEMBER 1 the lower maneral his Marian and the distriction of the distriction of the distriction TA TOTAL TOT - X Continentative, Sivership, Constant dunity .5. 5-5-5- Edwards Committee Branchand C.C. Correland

2. ranch's Mona P.H. M.A. Hyntlaville, Miryland Air E. Maryland Air Howard Decker

21.47		FOR - STATE REGISTRAR			DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH		<b>0</b> g. no.	8 5	7 3
60		CEASED NAME	FIRST		MIDDLE		TAST	20 DATE OF DEA	нгиом НТ	DAY YEAR	26 HOUR
( t	,		Miriam		M.	Ha	milton	M	arch 3,	1985	8:30 p
	3 SE	х	4.	RACE		5. DATE (		6 AGE (IN YEARS L	ST BIRTHDAY)	# UNDER 1 YEAR	IF UNDER 24 HRS HOURS MINL
0	F	emale		White		Sept	ember 29, 190	82	YRS.	MONINS DATS	HOURS MINL
6/1		IRTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTRY	8	D NEVER MARRIED	9 BALTIMORE CI	TY OR COUNT	Y OF DEATH	
3/4		nnsylvania	в.	U.S.A	A.	WIDOW		Montgom	erv Cou	intv	M
30	10. C	ITY OR TOWN OF DE	ATH 11		HOSPITAL, NURSI		OR OTHER INSTITUTION	12a USUAL OCCU	JPATION	126. KIND (	OF BUSINESS OR
notif	F	Rockville	P				ng Center	Homemak		Hom	
Se pe	USU	AL RESIDENCE IN NUR	SING HOME OF OT	HER INSTITUTION	136 CITY OR TO	RE ADMISSION)		13e.STREET ADDR			
Squ 5		arvland	Montg		Potoma		13d. INSIDE CITY LIMITS?	9615 Ac			54
100	_	ATHER'S NAME					15 MOTHER'S MAIDEN NA	AME			
1506		Edward	ME	DLE	Sawyers		Anna	Mar		Phil	
0	160.	WAS DECEASED EVER	IN U.S. ARME	D FORCES?	16b SOCIAL SEC	URITY NO.	17 INFORMANT		DDRESS	FILL	TIDS
edic	- 1	YES, NO OR UNKNOWN)	IF YES, GIVE W		285-28-	Ol E7	Me sed 7 amo II II	000 (Dane	- Land		11 72
9		NO	None				Marilyn H. H	ess (Daw	Trer, 2		XIMATE INTERVAL LONSET AND DEATH
ne price to buring	CERTIFICATION	PART 2. OTHER SIG	ip fr	actu	re		NOT RELATED TO THE TERM	ZOG AUTOPSYT	20b. IF YI	ES, WERE FINDI	NGS USED
111	ER P	21a. ACCIDENT WAS UN	IDERLYING	21b. TIME C			21c HOW INJURY OCCUR				NO L
219		OR CONTRIBUTING		HOUR A	.M. MONTH C	AY YEAR					
1/	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATION			COUNTY	STATE
3	Z	WHILE NOT WE AT WO	PHILE DRK	(AT HOME ST	REET FACTORY OFFICE	FARM ETC )	STREET	CHY	ORTOWN	COUNTY	STATE
and a		22s.1 certify that (II	-	attended ti	he deceased from .		19.198	W to	hareh	19 8	that (I) 🖚) la
		saw the deceas	sed alive an	telo	21 19	85,0	nd that in (my) (my) apinion	death occurred an	the date and he	our and from the	causes stated
5.5		22h SIGNATURE	I laid not	lew the body	atter death		DEGREE			22c DATE	SIGNED
=		Pah	ricia	DK	realle	m	ATTENDING PHYSICIAN	MEDICAL DIRECTOR   PI	STAFF	Marc	h/4/85
37	1	224 PHYSICIAN'S N	AME (TYPE OR PE	RINT)	18		22e ADDRESS	O RECTOR 1	113ICIAIT [	110110	11-11-07
PORTAN		Patri	ca '	Kell	220		809 Viers M	ם גם נונ	00]==177	o Marri	7 3
3	23a	BURIAL, CREMATION,	REMOVAL	23b DATE	1230	NAME OF (	EMETERY OF CREMATORY	123d LOCATION		e Mary	Land
		Cremation		3-5-	10- 1		rs Crematory	Riverd		COUNTY	Marylar
	24. F	UNERAL DIRECTOR		0 0	,,00		V.	TE REC'D. BY REGIS			
4/83	Ch	ambers Fu	neral H	ome c	ADDRESS	m no	Mamra and MAR	7 1985	Ga No	vidson- Be	nel = 917
	-	TOTAL TOTAL	LOW CHE II	CILC L	TTAGE DD	11159	LIGIT Y TOTAL	ICICA)	1.000	~ 1 er 001 n-1/10	- And The

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FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

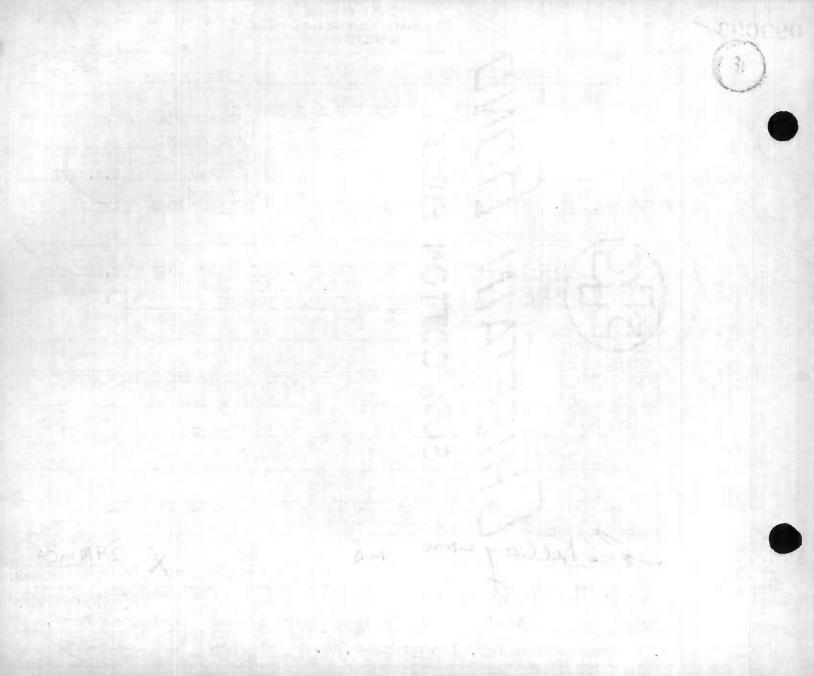
				REO, 140.		
. DECEASED NAME FIRST		ŁAST		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	RICHARD CARLTON H	IAMILTON		MARCH 29 198	5	5:30 a
SEX	4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
MALE	CATICACTAN	MONTH DAY	YEAR 1000		MONTHS DATS	MOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	CAUCASIAN  76 CITIZEN OF WHAT COUNTR	DECEMBER	26 1929	9 BALTIMORE CITY OR COUN		
COUNTRY)	THE CHIZEN OF WHAT COUNTR	MARRIED X NEVE	R MARRIED		ALL OF DEATH	
WISCONSIN	UNITED STATES		DIVORCED [	MONTGOMERY		ME
O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR		ISTITUTION	128 USUAL OCCUPATION  LITYPE OF WORK FOR MOST OF WORKING		F BUSINESS OR
BETHESDA	NAVAL H	OSPITAL		RETIRED	U.S.	NAVY
	ME OR OTHER INSTITUTION GIVE RESIDENCE BEF		CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	DDE	
	. MARY'S LEXINGT		NO [	307 WASP ROAD		3
FATHER'S NAME			R'S MAIDEN NAM		2003	<u></u>
LITT T TAM	JOHN HAMILTON		FIRST	MIDDLE MIDDLE	LAS	57
WAS DECEASED EVER IN U.S		CURITY NO. 17 INFORM		CHY HARTH		
LYES NO OR UNKNOWN) LEYE	ES GIVE WAR OR DATES)					
YES 1	947-1968 390-22			MILTON, 307 WASP		
	er only one cause per line for (o), (b),		, MD 206		BETWEEN	IMATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS CA	EDIATE CAUSE (o) A R D S	/RESPIRATORY	INSUFFI	CIENCY		
A Company	DUE TO, OR AS A CONSEC	DUENCE OF				
Conditions, if ony, which		20EINCE OI				
gove rise to immediat	е )					
couse (0), stoting the underlying couse los		QUENCE OF				
	(c)					
Z PART 2 OTHER SIGNIFICA	ant conditions <u>contributing t</u>	O DEATH BUT NOT RELAT	ED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 11	0
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYIN						
190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PER	FORMED		YES, WERE FINDING CAUSES	
			S	YES NO	YES	NO 🗌
210 ACCIDENT WAS UNDERLYIN		DAY YEAR 216 HOW	INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART   OR PART 2)	
OR CONTRIBUTING CAUSE O	OF DEATH	19				
(IF EITHER NOTIFY MEDICAL EXA	21e PLACE OF INJURY	21f LOCA				
WHITE NO WHITE	(AT HOME STREET, FACTORY OFFIC	CE FARM ETC ) STR	EE1	CITY OR TOWN	COUNTY	STATE
All trout		MARCH 4	10 85	MARCH 29	19. 85	
	hospital) attended the deceased from re on MARCH_29 19	0.5		death occurred on the date and I		that (I) (we) los
obove, (l) (we) [did] (d	id Pot) view the body ofter death.		ly (our) opinion c	death accurred on the date and t	nour ond from the	couses stoted
. 22b. SIGN	1 Orand como	DEGREE	ATTENIONIO	WEDICH CT	22c. DATE	
12/21/V	all	WD	PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	241	1 4785
22d. PHYSICIAN'S NAME (	TYPE OR THE THE	22e ADDR	ESS NAVAL	HOSPITAL, NAVA	L MEDICAL	L COMMAI
E. S. KILLI	EAVY, IT, MC, USN			ITAL REGION, BE		
e. BURIAL, CREMATION, REMO		NAME OF CEMETERY O			St. Mary	
Burial		Immaculate		CITY OF TOWN	noton P	ank STATE
FUNERAL DIRECTOR	4/1/00	rimiaculate	near c	Or mary Devi	rig com i	CLIN,
	ttingley Imm	andtown Mo	T. APRAT	FREC'D. BY REGISTRAR 256 REG	ISTRAR'S SIGNAT	URE

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbonappe with the State Dept of Health and Mental Hygiene priar to burial, cremation, or removal IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumotic event, the

OR ATTENDING PHYSICIAN The

attending physicion



11800 N. H. Ave.,

Silver Spring, Md.

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

Hines Rinaldi Funeral Home

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

IF UNDER LYEAR

INDUSTRY

12b. KIND OF BUSINESS OF

Fed. Govt.

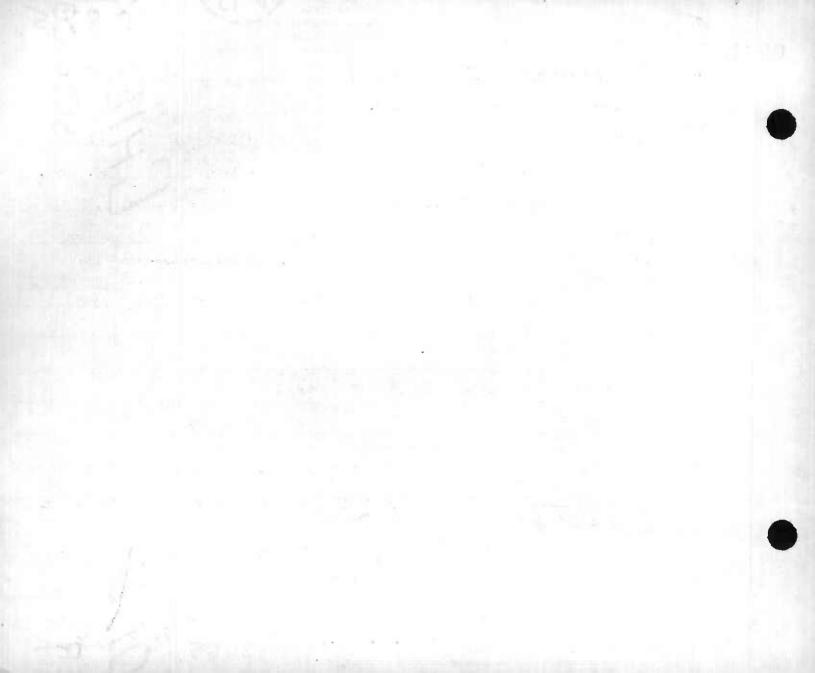
Bonjour

YRS

COUNTY

22c. DATE SIGNED

NO [



(VRA 15, 4)

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7016	1 - 5	OR TATE EGISTRAR		DEPARTM	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	GIENE 8 5	NO.	0 8	8 7 7
	DECE TYPE OF	ASED NAME FIRST PRINT!  John	Edward		Į.	Hathaway	2a DATE OF DEATH	монтн 3	16 85	26 HOUR 12:55t
1. may 1.	SEX	Male	4 RACE White		5 DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	
183		HPLACE (STATE OR FOREIGN Virginia	U.S.A.	OUNTRY?	MARRIEI WIDOWE	DIN DIVORCED	9 BALTIMORE CITY			м
1	Tal	OR TOWN OF DEATH  KOMA PARK RESIDENCE (IF NURSING NOME O	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY, Washington	Adver	ADDRESS)		124 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST	ATION STOF WORKIN	12b. KIND INDUSTR'	of Business of Airplane
75 27711	3a STA			or town		13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	5013 Apar	she s	treet 2	0740
mpletel ond 2 s	1	ederick	MIDDLE P. Hat	haway	,	Sudie	MIDDLE	ıth	Wri	ght
Poge Poge	a. WA	S DECEASED EVER IN U.S. AF	MED FORCES? 166 SO	CIAL SECÚ 3–12–8	RITY NO.	17 INFORMANT Pauline Hatl		PRESS	ame as l	3e
ading physiciar carbanpapers. ar removal. atic event, the	1:	CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	TE CAUSE (o)			ordine A	rex		APPRO BETWEE	EXIMATE INTERVAL NONSET AND DEATH
by the otter ase remove 1, cremotion other troum	-	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A C							
Then ple to burio		ART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO E	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NOITION	GIVEN IN PART	10
hos been to permit.	CERTIFICATION	a DATE OF OPERATION	196 CONDITION FO	OR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF	YES, WERE FIND RTIFYING CAUSE YES [	INGS USED S OF DEATH?
11111	4 (	10. ACCIDENT WAS UNDERLYING ( DR CONTRIBUTING () CAUSE OF DE LIF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MC	ONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF II	HURY IN ITEM	18 PART I OR PART 2)	
frer this os the in hond M	¥	Id INJURY OCCURRED  WHILE NOT WHILE T WORK	216 PLACE OF INJU		ARM, ETC.)	21f LOCATION STREET	CITY OF	TOWN	COUNTY	STATE
for use of Healt	2	20.1 certify that this hasp sow the deceased alive or above, (1) (we) (did) (did a	157 ye	19	at, or	nd that in (my) (our) opinian	death occurred on the	dote and	hour and from th	, that (b) (we) lost the couses stated
Oched Oched Dept H Hem	2	26. SIGNATURE	0		n	DEGREE	MEDICAL S	TAFF	22t. DAT	ESIGNED

230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE

224. PHYSICIAN'S NAME (JYPE OR PRINT)

231 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d LOCATION CITY OF TOWN

March 20,1985 Ft. Hill Memorial Park ynchburg Burial Francis Gasch's Sons Funeral Home, P.A.

4739 Baltimore Avenue Hyattsville, Md. 20781

750. DATE REC'D. BY REGISTRAR 750. REGISTRAR'S SIGNATURE

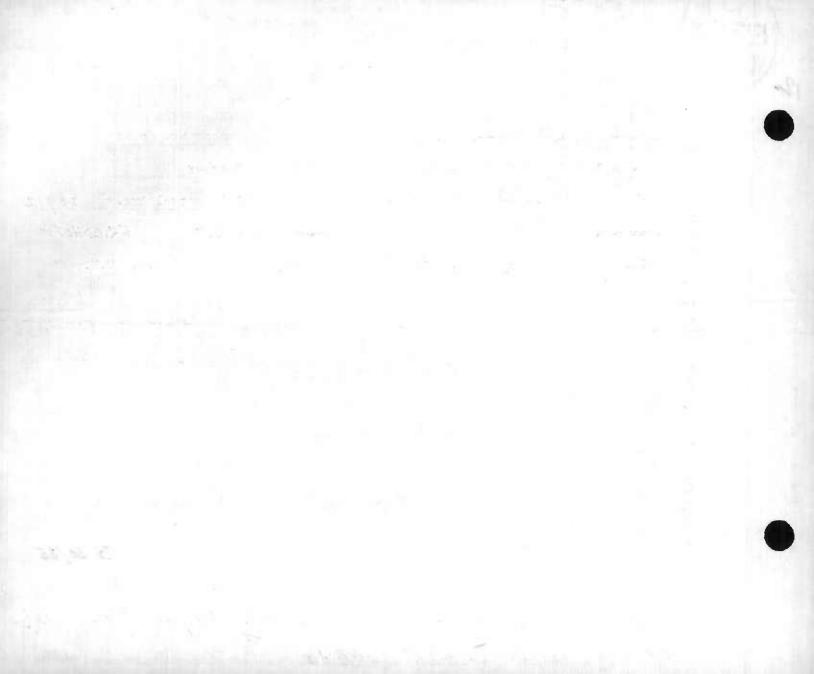
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DHMH - 16 50M 4/83 (VRA 15, 4)

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(VRA 15, 4)

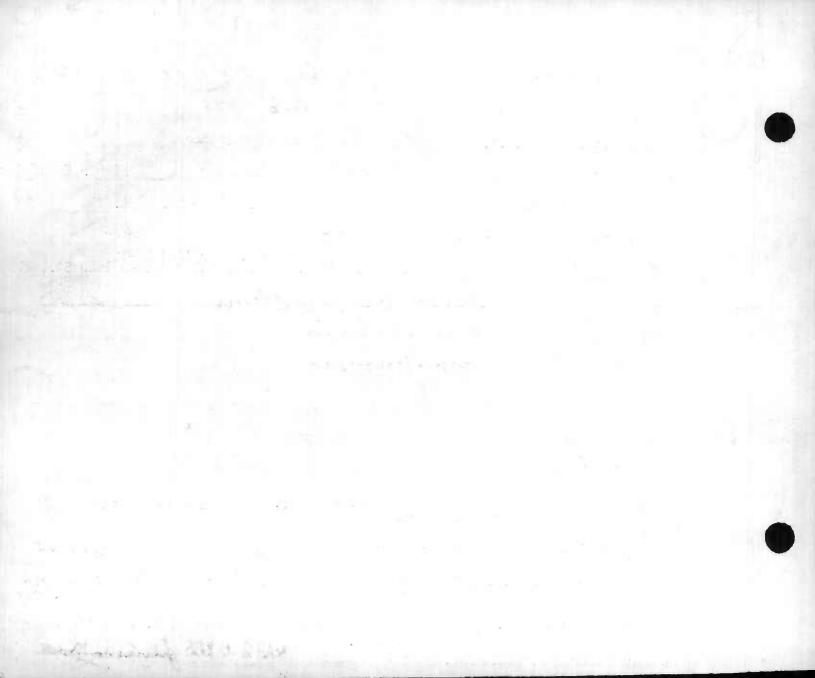


McGuire Funeral Service, Inc., Washington, DC

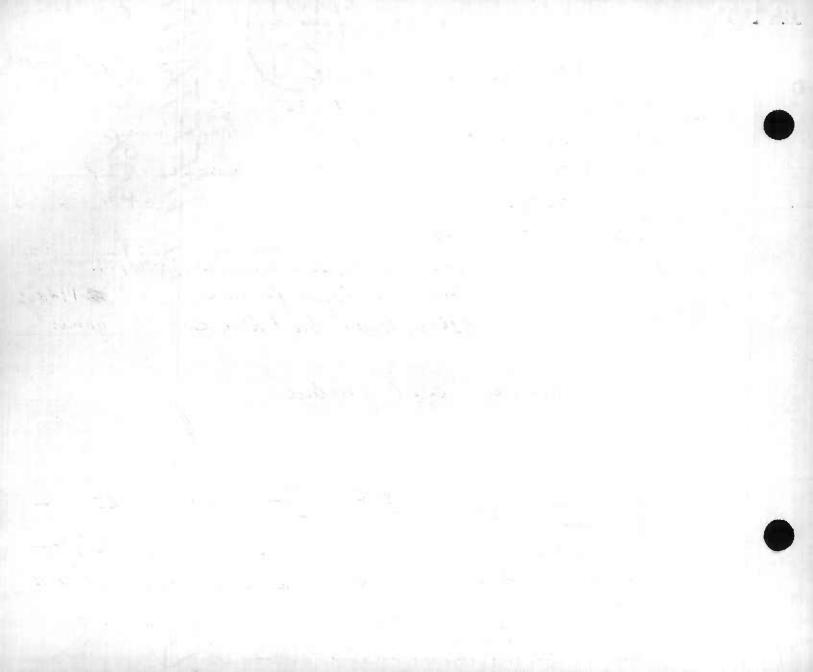
STATE OF MARYLAND 
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE

(VRA 15, 4)



.0821.48	1.	FOR STATE REGISTRAR		DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENT CATE OF DEAT			G. NO.	8 3	8 0
100		CEASED NAME FIRST OR PRINT)		WIDDLE	LA	ST		20 DATE OF DEA	ТН момтн	DAY YEAR	135 AM
( 66 )	3 SE		PMCP.	Catherin	5 DATE O	rayre.		S. AGE (IN YEARS L	ST BIRTHDAY	IF UNDER TYEAR	IF UNDER 24 HRS
	2 2E	Female		casion	MONTH 2	DAY Y	YE AR	78 : _	YRS	MONTHS DAYS	HOURS MIN.
2 12 kl		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	1	□ NEVER MARR		BALTIMORE C	TY OR COUNT		
1 11 11		shington. D.C.	US	SA	WIDOWE			Mon	gome	ry	MD.
10	10 C	akoma Park	(IF NOT IN SU	HOSPITAL, NURSING CHEACHLITY, GIVE STREET	ADDRESS)	entist	ION	170 USUAL OCCI (TYPE OF WORK FOR A House	AOST OF WORKING		OF BUSINESS OR
212C	HISU	AL RESIDENCE (IF	OTHER INSTITUTIO	N GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LI	IAAITS2 II	3. STREET ADDR		Æ	
NND 2 124 h	100.	1. \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Geo.	Takoma		YES NO			erwoo		20912
RYLA RYLA 12 sh	14. F/	ATHER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MA	IDEN NAM	E	DIE	(AS	51
mak ted w		Dennis	J.	Donovan		Emma				Hemple	
MORE,		WAS DECEASED EVER IN U.S. AR	MED FORCES?			17 INFORMANT	Son		DDRESS 807		el Avenue
TIM be a	N	9		577-48-8	060	Alfred J	. Hay	re, Jr.	Wheato	on. Md.	20902
Tr, BAI		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse pe ED BY TE CAUSE (0)	er line for (a), (b), on		heart	- fa	ilure		BETWEEN	MATE INTERVAL ONSET AND DEATH 144845
re death cer te attending tmove carbo mation, arre			DUE TO,	OR AS A CONSEQUI	ENCE OF	tic la	it	Prepie	1 12	40	an
PRES		Conditions, if ony, which gove rise to immediate couse (a), stating the	(b)_	OR AS A CONSEQUI	V - 02 -	or the	w. v	0.000		1	
by il aser il, cre		underlying couse lost.	(6)	JK AS A CONSEOU	ENCEOF						
DS, 20 aquires the signed hen plein to burro or higher, or higher, or higher.	N	PART 2 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO	DEATH BUT	Lou lus	THE TERMIN	NAL DISEASE OR	CONDITION G	IVEN IN PART 1	0
RECORDS.  low requir.  os been sig	CERTIFICATION	190 DATE OF OPERATION	19b CON	DITION FOR WHICH	OPERATION		D	200 AUTOPSY	70b. IF Y	ES, WERE FINDIN	NGS USED OF DEATH?
	RT		3 AN THAT	OF INJURY		21c HOW INJURY	40000000	YES NO	44	res 🗌	NO 🗌
I OF VITA		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR	A.M. MONTH D		ZIC HOW INJURY	r occurre	D (ENTER NATURE O	DURY IN ITEM 18	PART I OR PART 2)	
ON OF HYSICIA Ins certif burial: Mental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		P.M. E OF INJURY	19	211 LOCATION					
DIVISION OF VITAL  NG PHYSICIAN: The offending physician ther this certificate has the burial-transit p th and Mental Hygier orked or frem. It show or	ME	WHILE NOT WHILE AT WORK	(AT HOME S	TREET FACTORY, OFFICE, 1	ARM ETC)	STREET		CIT	OR TOWN	COUNTA	STATE
S B B B B B B B B B B B B B B B B B B B		220 1 certify that (I) (this hour		the deceased from	2/1	7, 15	935	to3/	7	. 19.85	that (I) <del>(we)</del> last
Porto of the state		saw the deceased alive ar above, (I) (wes (did (did no	2/23	ly ofter death.	, an	d that in (my) <del>(our</del> )	) apinion de	eath occurred on	the date and ho	our and fram the	couses stated
- B B B		276. SIGNATURE	an ,	MeD.	C	DEGREE ATTEN PHYS	NDING SICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN []	3/2 DATE	I 85
TO HOSPITAL OR retained by the H TO FUNERAL DIR should be denoted with the Store Des		224 PHYSICIAN'S NAME (TYPE)	MAC	71		220 ADDRESS	Buis	Air P.	CV2 S	11.12	0904
Of	73a.	BURIAL, CREMATION, REMOVAL	73b. DATE	23c.	NAME OF C	EMETERY OR CREM	MATORY	734 LOCATION		Y	
BP		(SPECIFY) Burial	Mar. 4			ncoln Cem	/	Prontu		Geo. Ma	ryland
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR Franci	s J. Co	ellins		LUALI CEII		REC'D. BY REGIS			
(VRA 15, 4)		O University Bl			pring	Md.	MAR	7 1005	I lia To	idam Bon	doll

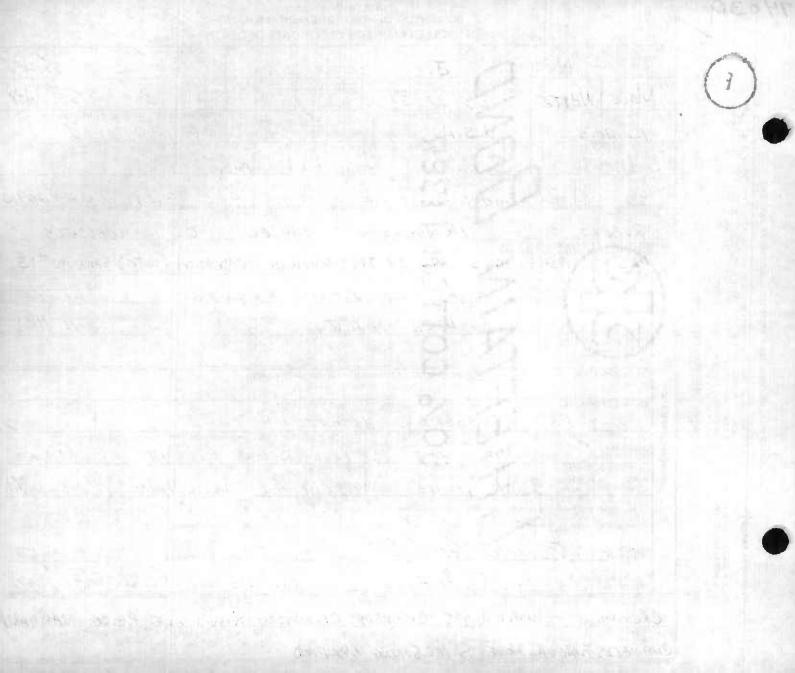


074157	FOR STATE REGISTRAR		DEPARTMENT OF E	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENEO S	8 8 8 1
oy be ge 3 deoth	I. DECEASED NAME	FIRST Hazel  e)  A RACE	L 11	Heaton ton	20. DATE OF DEATH MONTO	03 85 7:00 AM
Poge Pour Shering	Female	White	May		74	MONTHS DATS HOURS MIN.
4 00	7a. BIRTHPLACE (STATE OR FOR COUNTRY)  Virginia	76 CITIZEN OF WH	AT COUNTRY? 8  MARRIE  WIDOW	D NEVER MARRIED	MONTGON	
rs ofter dec	BETHESDA	(IF NOT IN SUCHEA	SPITAL, NURSING HOME ( ACTUTY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Homemaker	12b. KIND OF BUSINESS OR INDUSTRY  Home
filled in nould be		BE COUNTY 13	eresidence before admission( CITY OR TOWN Bethesda	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS / ZIP 5008 Allan F	CODE 20816
ompletely ond 2 st	14 FATHER'S NAME FIRST  Webber	MIDDLE	Nash	IS. MOTHER'S MAIDEN NA Bertha	WIDDIE	Dempse <b>y</b>
AN I	(YES, NO OR UNKNOWN)	CIE YES GIVE WAR OR DATES!	577-01-2370	Joan Schrei	ber. 9212 Cope	
DADD coth centrate tending physici is carbon paper on, or removal.			S A CONSEQUENCE OF	by edi	ma Lailine	APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH
res that the digner of the or of the or of the or other training, or other training,	gave rise to imme cause (a), stating underlying cause	diote	S A COLLEQUENCE OF	T HYLL	HINAL DISEASE OR CONDITIO	IN GIVEN IN PART I.o
The low requires to be not been sit permit. The generation to set be not been sit permit. The generation to	190 DATE OF OPERATION 210. ACCIDENT WAS UNDER		N FOR WHICH OPERATION		YES NO	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
G PHYSICIAN. The particular of the buriol-transit and Mental Hygic ked or hearth 8 sh	216. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTHLY MEDICA 216. INJURY OCCURRE	USE OF DEATH HOUR A.M. L EXAMINER) P.M.  D 21e PLACE OF	MONTH DAY YEAR	21t. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)  COUNTY STATE
VITENDIN spital or of CTOR. Aft for use as of Health	22a.1 certify that (1) (t saw the deceased above, (1) (we) (dic	his hospital) attended the d	eceased from		death occurred on the date an	3 19 3 , that (It (we) last and hour and from the causes stated
AL OR A the hos Jeroched ote Dept.	22b. SIGNATURE	HBh	/	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3.3.85
TO HOSPITAL of retained by the should be detained by the should be detained by the Share Designation of the Share Designa	22d PHYSICIAN'S NAM	OI BAH	AR	821A W	isconsin A	ne . Best
BP	230. BURIAL, CREMATION, RE (SPECIFY) Burial,	3/6/198	5 Gate of	Heaven Cemet		Spring Maryland.
DHMH - 16 50M 4/83 (VRA 15, 4)	5130 Wisc.	Joseph Gawler Ave., N.W. W	ash Doc.	MAR	TE REC'D. BY REGISTRAD 25b. R	Deviden-Aandere

Lozel not sil Pri Co olessis. 190 ir ini 191 8 .0 0 0 -0 8 11 m 1 oc 6 2001 f Accided vancortage factive Jempsey erthe do of: 19 (9) Lotes e, M. 577-01-2370 John Chreiber. 9212 Conchever Dr.,

Purial /6/1905 Cate of Maven Century ilver Spring Mayland.
John Follows Con Inc.
Sisc. vo., L. C. Tah., C.

074030	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3	382
18	1 - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	1 DECEASED NAME FIRST MIDDLE LAST 20 DATE KNOWN MONTH	H DAY YEAR 26 HOUR
6	NORMAN J. Henderson DEATH MATED 3	- 9-10 \$5 40 PM
( September 1	3 SEX A RACE S DATE OF BIRTH NONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED 3 - 9	-8 Sig 424 MOUR
1 ME 215	To BIRTHPLACE (STATE OR TO COUNTRY)   8 MARRIED   NEVER MARRIED   9. BALTIMORE CITY OR COUNTRY)	
T Cash and a second	1 LLINOIS U.S.A. WIDOWED DIVORCED MONT 90 M	ery MD
O Care Records	Bethes de 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (THE OF WORK FOR MOST OF WORKING LIFE)  Buthes de Suburban HOSPITAL AUDIO	OR INDUSTRY
F ANY D AND 3 RETAIN HOULD RECEIVE	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  131. CITY OR TOWN  132. INSIDE (ITH-IMITS?  132. STREET ADDRESS  133. GIST  134. INSIDE (ITH-IMITS?  134. INSIDE (ITH-IMITS?  135. STREET ADDRESS  136. STREET ADDRESS  137. CITY OR TOWN  138. STREET ADDRESS	AVE/20910
M H S S S S S S S S S S S S S S S S S S	14 FATHER'S NAME LIRST MIDDLE LAST FIRST MIDDLE AND LAST	LAST
A SESS DO	ROBERT - HENDERSON ISABEL C. U	ESSEZS
AALTIM S AFTER GIVE PA FILLE FOR VISION	(YES NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  1954 TO 1962 342-28-7998 MARRILYN HENDERSON (WIFE)	SAME AS #13.
ST. ST.	CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL SETWEEN ONSET AND GEATH
TON ST TEM 10 LICHA 18 LICHA 18 MAL WAL	2809 IMMEDIATE CAUSE (a) C ARDIORESPIRATORY FAILURE	ACUTE
WITHIN WITHIN NOT IN WITHIN WITHIN WITHING A W	Conditions, if any, which gave rise to immediate (b) HEND INSURY	16 HRS
NAME OF A STATE OF A S	couse (a) stating the <u>under-lying couse last.</u> DUE TO, OR AS A CONSEQUENCE OF  (c)	
L RECORDS, 2 ULUD BE EXECU PENDING" II PED AS A BURIL HEATH AND	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10 OF ATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10.	
TALE ROUGED HE VOICED	196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  3-9-85  SUBDURB HEMATOMA  216 EXTERNAL CAUSE WAS  216. TIME OF INJURY  POILE AND MONTH DAY YEAR  216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART ) OR	20 AUTOPSY?
S S S S S S S S S S S S S S S S S S S	3-9-85 SUBDURAL HEMATOMA  216 EXTERNAL CAUSE WAS 216 TIME OF INJURY 1 276 HOW INJURY OCCURRED SENTERNATURE OF INJURY IN ITEM 18 PART 1 OR	YES NO D
DIVISION OF VITA S CERTIFICATE SHORING THE WORD RRITING THE WORD RDED TO THE CHE E3 SHOULD BE US TO EPERARMENT OF OUR PRIOR TO BURRING	3 CONTRIBUTING CAUSE OF DEATH //40 P.M. 3 8 1985 FELL DOWN FLIGHT O	F STAIRS
BIVISION OF VITAL R. E. THIS CERTIFICATE SI, CREWARDED TO THE CHIEF SPACES SHOULD BE UED SITATE DEPARTMENT OF THE CHIEF SITA	21d INJURY OCCURRED  WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  THE ME  211. LOCATION STREET  903 GIST AUE  SILVER SPRING	Mow to must Mb
N S S S E E S	226. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my death resulted from Natural causes . Addent D, Suicide . Homicide . Undetermined manner .	ppinion
EXAMI CERTIFIC DID BE DIREC WITH AARYL	TITLE (SPECIFY)	
STOCKE, A	FIGNATURE MEDICAL EXAMINER SIGN	JED 3-9-85
TO MEDICAL EXAMENED TO EXECUTE THE CERTIL PAGE 4 SHOULD B TO FUNERAL DIRECTH. WHILL BALTIMORE, MARY	EXAMINER'S NAME FRANCIS C MAYLE ADDRESS 8200 WISCOUSEN AM BE	TIBBI MO
07/84 BP	230 BURIAL CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY 236 LOCATION CONTROL PROPERTY	CO. MARYAND
DHMH - 17 (VR A15 ME (5))	24 FUNERAL DIRECTOR  NAME  CHAMBEES FINERAL HOME SILVER SPRING, MARYUMO  250. NOATH RECIDING REGISTRAR 256, REG	and the state of t



### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

REGISTRAR			CERTIF	ICATE OF E	DEATH	F	REG. NO.			
1. DECEASED NAME	FIRST	AIDDLE	Ł	AST		20 DATE OF DE	ATH MONTH	DAY	YEAR	26 HOUR
Raymond			Hen	ri		Ma	rch 9 1	985		5:12 a <sup>n</sup>
1-56X	4 RACE		5. DATE C			6 AGE (IN YEARS		IF UNDER		IF UNDER 24 HRS
Male	Cauca	sian	Decer		1906	7:	8 YRS	MONTHS 3	2	MOURS MIN.
S BIRTHPLACE (STATE OR S	FOREIGN 76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D X NEVER	MARRIED -	9 BALTIMORE	CITY OR COUN	ITY OF DE	ATH	
France	Unite	d States	WIDOWE	D DI	VORCED	Mont	gomerv			MD
CITY OR TOWN OF DEA	(IF NOT IN SUC	HOSPITAL, NURSIN	DDRESS)	OR OTHER INS	TITUTION	12a USUAL OCC				F BUSINESS OR
Bethesda	/ Nava	1 Hospita	1			U. S. 1	Marine (	Corp	De	efense
USUAL RESIDENCE IN NURS		134. CITY OR TOWN		13d. INSIDE C	ITY LIMITS?	13e STREET ADD		-/	199	194
New York	Westchester	Yonker	S	YES 🔀	NO 🗌	1 David	Lane Yo	onker	s.NY	10701
14 FATHER'S NAME	MIDDLE	LAST		15 MOTHER"	S MAIDEN NA	ME	IDDLE			
Ernst	Ludwig	Weichs	el .	Rhe			DUTE	Не	LAS'	
160 WAS DECEASED EVER		166 SOCIAL SECU	RITYNO	17 INFORMA	INT		ADDRESS			
Yes	1942- 1971	124-12-6	671	Floret	te Hen	ri 1 Davi	ld Lane	Yonke		
										AR A TE IN ATE PAYOR

Yes	1942- 1971	124-12-6671	Florette Henr	i 1 David	Lane You	nkers, NY 107
PART I DEATH WA		Cardiopulmor				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, gove rise to imme couse (a), stating underlying couse	which (b)_diate the DUE TO, C	OR AS A CONSEQUENCE OF				
	(c)	ONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERM	NAL DISEASE OR CO	ONDITION GIVEN	IN PART 1(0

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTO	NO X	20b. IF YES, WERE FIND IN IN CERTIFYING CAUSES YES	
		21c HOW INJURY OCCURRED	) (ENTERN	ATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)	

21f LOCATION COUNTY (AT HOME STREET, FACTORY OFFICE FARM ETC.) CITY OR TOWN February 22a I certify that (I) (this hospital) attended the deceased from

that in (my) (aur) apinion death occurred on the date and have and from the causes stated DEGREE 226 DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT)

B. H. Strand, M.D.

(IF EITHER NOTIFY MEDICAL EXAMINER)

22e ADDRESS Naval Hospital, Navy Medical Command National Capital Region, Bethesda, MD 20814

23a. BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY CREMATION

CHAMBERS CREMATORY

24 FUNERAL DIRECTOR

MEDICAL

W. W. CHAMBERS CO. INC.

3-10-1985

STLVER SPRING, Md.

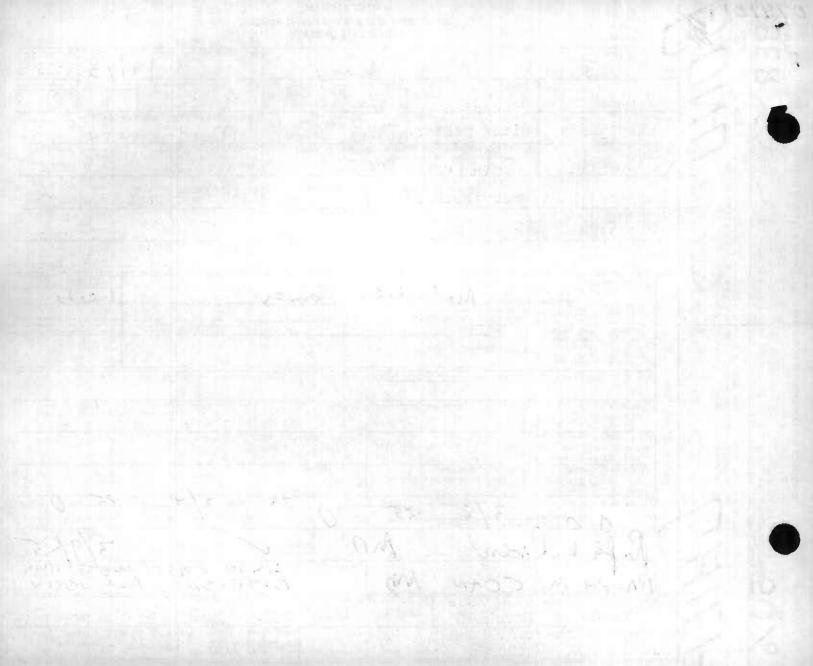
RIVERDALE,

Md. P.G.C

DHMH - 16 60M 7/B4 (VRA 15, 4)



74101	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENES S O	8 8 8 4
eorb 3		REGISTRAR  CEASED NAME FRST OR PRINT;	+ MIDDLE	Henry	REG. NO.	26 HOUR PM 1:15 M
moy 1		x Female	Caucasian	S. DATE OF BIRTH 1903 September 16,		W UNDER LYEAR WUNDER 24 HRS MONTHS DAYS HOURS MIN.
0 10/6	Pe	RTHPLACE (STATE OR FOREIGN NINSY 1 Vania	United States	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY  Montgon	JERY MD.
201 urs ofter by the f filled with	B	ethesda	III. NAME OF HOSPITAL, NURSII	NG HOME OR OTHER INSTITUTION ADDRESS! Hospital	120. USUAL OCCUPATION () 11YPE OF WORK FOR MOST OF WORKING LIFE HOMEMaker	
LAND 21 in 24 hai y filled ir should be	Ma Ma	STATE 1136 COLU	COLLEK INSTITUTION CIVE KEZIDENCE BELOK	VN 13d INSIDECITY LIMITS?	13. STREET ADDRESS / ZIP CODE 4400 East-Wes	20814 t Highway#401
E, MARY		FIRST	sbit Marsh	all Jenny	WIDDLE	Rahlshouse
e be exection and ers. Pages		YES, NO OR UNKNOWN) (IF YES, GI	A 182-36	-7057 Janet Dra	ughter) ADDRESS 741 pen, Chevy Ch	0 Oak Lane ase Maryland BETWEEN ONSET AND DEATH
ibs, 201 W. PRESTON ST., B quires that the death certifica signed by the attending phy, hen please remove carbanpal to burial, cremation, ar remove into year or other traumatic event rights, or other traumatic event	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS  CONDITIONS  CONDITIONS  CONTRIBUTING TO	ENCE OF	MINAL DISEASE OR CONDITION GIV	luceda
AL RECOR	CERTIFICATION	190 DATE OF OPERATION	198 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
DIVISION OF VITA  NG PHYSICIAN: The offer this certificate os the buriol-transit th and Mental Hygicarked or them JB sho	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D P.M.	AY YEAR 19 216 HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
DIVISIG	MEC	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
TO HOSPITAL OR ATTEND retained by the hospital of TO FUNERAL DIRECTOR. A should be detached for use with the State Dept. of Head with the State Dept. of Head MARGALANI.		sow in pleceosed alive or obown, in wei (aid) (did no 225 SC) Take  276. PHYSIL IAM'S NAME (TYPE O	COAN 1	DEGREE ATTENDING PHYSICIAN 270. ADDRESS	DIRECTOR PHYSICIAN	19 85, that (J/we) lost ond from the couses stated  22c. DATE SIGNED  3/9/85  WEST LIWY  2081 Y
ВР		BURIAL, CREMATION, REMOVAL (SPECIF Cremation  UNERAL DIRECTOR Rober	March 10, Me	NAME OF CEMETERY OR CREMATORY etropolitan Crem	n. Alexandria  TE REC'D. BY REGISTRAR 256, REGIST	Virginia  RAR'S SIGNATURE
DHMH - 16 50M 4/83 (VRA 15, 4)	Н	omes, P.A. I	Bethesda, Mary	land MAR	1 3 1985 Jana Barid	son-handelle



#### FOR STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

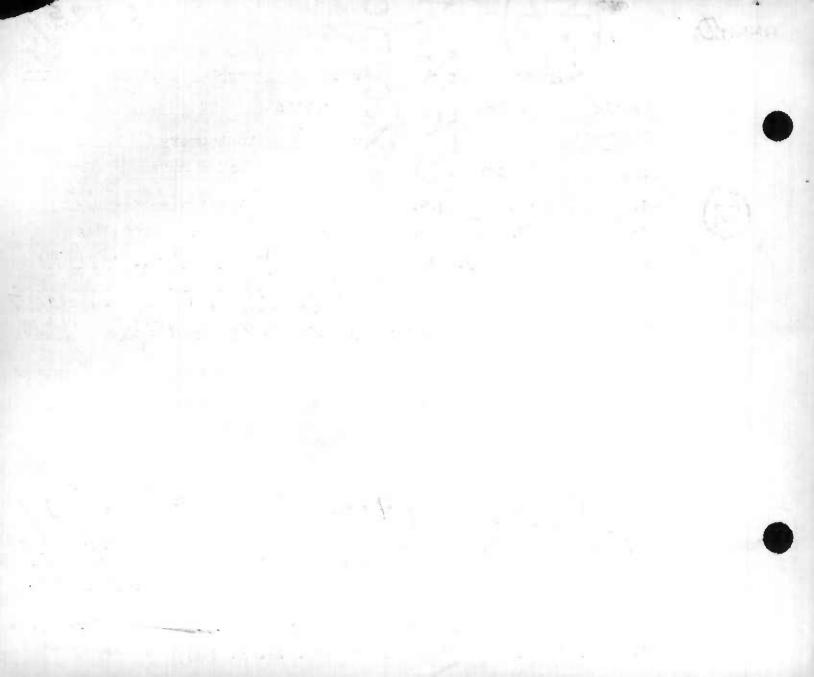
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o HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be execCited within 24 hours ofter death. Page 4 may be founded by the hospital or ottending physician.	DENNERAL DIRECTOR. After this certificate has been signed by the attending physician and confidential in by the funeral director, page 3 sould be detached for use as the burial-transit permit. Then please remove carbon papers, floor.	£ 0

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

ı		REGISTRAR				CEKITE	ICATE OF DEA	AIH	REG	G. NO.						
ľ		CEASED NAME	FIRST		MIDDLE	1	ASI		20. DATE OF DEAT	H MONTH	DAY YEAR	2b. HOUR				
Shirley France							erman		March	25.1	985	85 7:20Am				
ŀ	3. SEX			RACE	* Lance	5. DATE C	OF BIRTH		6. AGE (IN YEARS LA		IF UNDER 1 YEAR	R IF UNDER 24 HRS				
ı		Female	1	White		Aug.		910	74	YRS.	MONTHS DAYS	HOURS MIN.				
		RTHPLACE ISTATE OR I		CITIZEN OF	WHAT COUNTRY?	8	D NEVER MAI		9 BALTIMORE CI	TY OR COUN	TY OF DEATH					
Missouri USA									Montgon	nerv		MD.				
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE						ADDRESS[		JTION	126 USUAL OCCUPATION LIVE OF WORK FOR MOST OF WORKING HEE) Weather Bureau  126 LINDUSTRY US Gov't							
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	13a S	d.	Mon'		13c. CITY OR TOW	N	13d INSIDE CITY	LIMITS?	13e STREET ADDR		ian Ro					
t		THER'S NAME			3.3.		15. MOTHER'S M			venet	Tan Ro	au				
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T	16a W	VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU		17. INFORMANT	9635	River	Lake	Dr. (Ne	phew)				
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F		18 CAUSE OF DEAT	H (Enter only o	ne couse per	line for (a), (b), on	dicis	. 0.	/,	) 0		APPRO BETWEEN	RIMATE STEEVAL S ORGET AND DEATH				
ı		PART I. DEATH W	AS CAUSED B			U	ANKL	1.11	KHRA		in	mediat				
ı		DUE TO, OR AS A CONSEQUENCE OF DI										1110				
ı		Conditions, if any, which ( (b)										MLD				
ı		gove rise to imr		DUE TO O	R AS A CONSEOUI	ENCE OF				7	100	1				
ı		underlying couse	lost	(6)	N AD A CONSCOOL						6	0				
1		PART 2. OTHER SIGN	NIFICANT COM	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR	CONDITION G	IVEN IN PART I	10				
ı	0 N															
	CERTIFICATION	19) DATE OF OPERA	TION	IM COND	TION FOR WHICH	OPERATIO	N.WAS PERFORM	4FD	25s AUTOPSY?	70h. IF.V	ES, WERE FIND REYING CAUSE	NGS USED				
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1		22s.1 certify that the	his hospital)	applieded to	decement from	A	120	10/6	to	2	10 1	, that (1) we) ift				
		now the decease	ed oliver up	the body	after death. 19	31	ed that in (my) (or	it! opinion d	eath occurred on t	he date and h	out and from the	geneses stated				
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1		avau	THE	X UV	wall	M U		PERDING	MEDICAL PIRECTON PF	STAFF HYSICIAN	9/0	5/1				
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-		<u> </u>	I, Ke			1			gia Ave		.S.Md.	20902				
		URIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CRE		23d LOCATION		COUNTY	STATE				
-	24 ELI	Burial		3/27/	85   Ga	te o	f Heave	1250 DATE	S.S.	DADISE DECE	Mont.					
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DHMH - 16 50M 4/83 (VRA 15, 4)



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	STATE OF MARYLAND							
FOR	DEPARTMENT OF HEALTH AND MENTA							
STATE	CERTIFICATE OF DEATH							

AL HYGIENE

RF		

	REGISTRAR					REG. I	10.				
	CEASED NAME	IRST	MIDOLE	Wa	ist desired	20 DATE OF DEATH	MONTH 2	OAY YEAR 25	HOUR		
	7.50	urice	A.	116	knoon	1.105	2 ~	71-84	4-PM		
3. SE	)	4 RACE	1. 1	5 DATE O	OAY YEAR	6 AGE (IN YEARS LAST 8	IRTHDAY)		FUNDER 24 HRS		
70 B	Make IRTHPLACE (STATE OR FOR	15 CITITES	OF WHAT COU	/2.	- 29-07	9 BASTIMORECITY	YRS	OFDEATH			
, ,	Virginia	76 CITIZET	USA	MARRIED	NEVER MARRIED	1 700	OK COUNT	OFDEATH			
10 C	ITY OR TOWN OF DEATH	11, NAM		WIDOWEI	DIVORCED [	The state of the s	wner	615 KIND OF B	MD. BUSINESS OR		
	w Carrollton	1 Staly	IN SUCH FACILITY, GIV	EMELLA	4 Room	. Retired-	Servio	e Statio	ns		
	THE MAN THE REAL PROPERTY.		13c CHY O	CE BEFORE ALL WAR	YES NO 1	1403 Jon			17.84		
IA. F	Budd	MIDOLE W.		rndon	Grace F	Horton MIDDLE		LAST			
	WAS DECEASED EVER IN	U.S. ARMED FORC		L SECURITY NO.	17 INFORMANT	ADDI					
	YES NO OR UNKNOWN) (	WWII	578	-10-573	6 Clara Near	rey (Daughter	) Same	as 13E			
	18 CAUSE OF DEATH   PART I. DEATH WAS	Enter only one cous CAUSED BY: MEDIATE CAUSE I	111	De and ic in	tero lerre	ut	511	BETWEEN ONS	ME INTERVAL SET AND DEATH		
	1//		O. OR AS A-COM	SEQUENCE OF	4 12	100 1	/		1		
	Conditions, if ony, which (b) INCLUSING CONTROL CONTRO								1		
	gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF							8mm			
		last	0. (A	remo	nu eju	4 eury		01/14	,		
z	PART 2 OTHER SIGNIF	GANT CONDITION		G TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	NDITION GIV	EN IN PART 110			
ATIC	I DATE OF OPERATES	_		WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES	S, WERE FINDING	S USED		
CERTIFICATION					YES NOK	IN CERTIF	YING CAUSES OF DEATH?				
	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	SE OF DEATH HOU	ME OF INJURY R. A.M. MONT P.M.	TH DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF IN.	URY IN ITEM 18 F	PART I OR PART 2)			
MEDICAL	21d INJURY OCCURRED	21e PL	ACE OF INJURY		21f LOCATION	CITY OR 1	OWN	COUNTY	STATE		
Z	WHILE NOT WHILE	(AT HO	ME STREET FACTORY,	OFFICE, FARM, ETC )	2 INSE!	Chroki	d.	(00)411	STATE		
	220.1 certify that (I) (th		he deceased	from	19_	7,10_3	3/_	19, tho	ot (I) (we) lost		
	saw the deceased obove (I light) idid.	dive on	berry after death	, on	d that in (my) (aur) opinio	on death accurred on the	date and hou	and from the cou	uses stated		
	775 SIGNAPORE	16.1	Marca	1.1	DEGREE ATTENDING	MEDICAL ST	AEE	22c. DATE SIC	SNED/		
	1224 PHYSICIAN'S NAM	Ell Mark	sway i	u	PHYSICIAN	DIRECTOR PHYS	CIAN	15/54	5/85		
	RICHARD )	PDELS	WEY, 1	47)	4323 HA	ARD ST SIL	Sp	1020	1916		
23a	BURIAL, CREMATION, REA			23¢ NAME OF CE	METERY OR CREMATOR	Y 23d LOCATION		1001			
	Burial	4/3			Washingto	on Adelp	hi	PG M	Id.		
24 F	uneral director [ines/Rina:	ldi 118	00 New	Hamp.Av	e.S.S.Md	PR 2 1985	12.	RAR'S SIGNATUR	E		
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DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked or Hem.

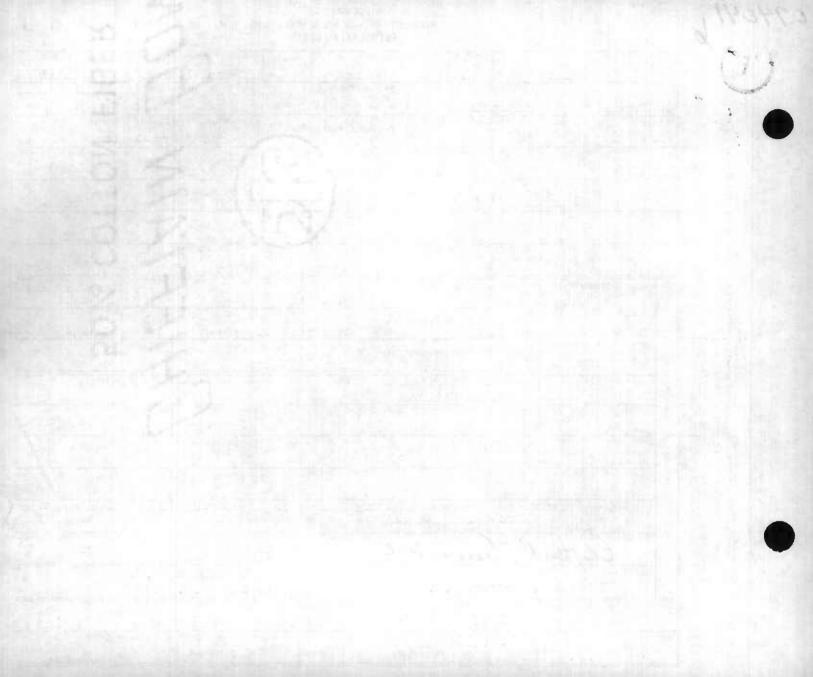


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2	1 - 5	STATE REGISTRAR				AL EXAMIN						DEC	3. NO.				
	DEC	EASED NAME	FIRST		MIDDI			LAST				KNOWI		HINON	DAY	YEAR	26 HOUR
K	(TYPE	OR PRINT)	GILBE	RT	POST		HO	OLT		- 4	OF	ESTI-	_	3	29	19 85	M
	3 SEX		RACE		OF BIRTH		EARS IF U	NDER TYR.	IF UNDER	24 HRS.	2c DAT	E	AAC	AONTH	DAY	YEAR	2d HOUR
	MA	LE	WHITE		7.1921	LAST BIRTH		THS DAYS	HOURS	MIN	PRONOU DEA			3	29	19 85	3:15 P <sub>M</sub>
А		RTHPLACE (STA	TE OR		N OF WHAT CO	OUNTRY?	8 MAR	RIED ZWNE	VĖR MARR	HED 🗆	1. BALTI	MORE CI	TY OR C	TOUNT	Y OF D	EATH	
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1	10. CI	Y OR TOWN C	OF DEATH			NURSING HON		HER INSTITU	TION		MOST OF WO			WORK	126 KIN	ND OF BU	JSINESS RY
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4		WILLIAN			SLIE	HOLT		17. INFORA	RU	ITH_	113	ADDI	2500	PC	DST		
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		PART 2 OTHER SIG	NIFICANT CONDITIONS		G TO OFATH BUT NOT	T RELATED TO THE TES	MINAL DISE	ASE OR CONDITIO	IN GIVEN IN PA	ART 1 a							
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7	CERTIFICATION	190 DATE OF	OPERATION	198	CONDITION	OR WHICH OPE	RATION	WAS PERFOR	RMED?						20 A	UTOPSY	?
	TIF														Y	YES 🔀	NO 🗌
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4	MEDICAL	CONTRIBUTIN	G CAUSE OF D			-29- 19 8		bject	fell	down	ste	ps.					
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1		22a I certify	y that I took chorg	e of the re	moins described	above, held on	Auta	psy X	Inspectio	an .	Inquiry	, D.	and in	птуар	inion		Md.
)		death resulte	d fram: Natur	al causes	. Accid	tent 🗓 , S	vicide [	], Homic	cide .	Undet	termined n	nanner [	].				
		ACTUAL	AA	A 1	10				PECIFY)					DATE	-47	A S	31.50
뉘		SIGNATURE_	11/1	AA	TYP			M.D. ASS	istan	t_MED	ICAL EXA	MINER		SIGNE	D_3	-30-	85
$\mathbf{q}$	610	EXAMINER'S N	NAME An	n M.	Dixon,	M.D.			111	Penn	St.,	Bal	to.	. Md	. 2	1201	
1	23e BI	TYPE OR PRIN	ION, REMOVAL 2			23¢ NAME OF CI	AAFTEDV	_ADDRESS_									
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))		- 500 UI	VIV. BLVV.	W	STLVCK	JULINU.	11/4-/	U7U1				-					

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20 DATE OF DEATH MONTH DECEASED NAME YEAR 2h HOUR (TYPE OR PRINTS Oleta W. Holtz March 7, 1985 11:16Am 6 AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5 DATE OF BIRTH Female. Caucasian May 1900 TO BIRTHPLACE I STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia United States WIDOWED TX Montgomery County. 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY Bethesda Retirement Center Homemaker Bethesda Home USUAL RESIDENCE (IF NURSING HORE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

130 STATE

128 COLINTY 13e STREET ADDRESS / ZIP CODE 134 INSIDE CITY LIMITS? Florida Indian River Vero Beachyes IX 32960 720 46th Avenue NOF 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME William, Holbert Wolfe Olive 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Son Street NW LYES NO OR UNKNOWN 218-32-4015 Edgar W. Holtz Washington.DC 2000 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. Pneumonia 2 Weeks IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Cancer of the Lung Months Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION Renal Failure 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX 21h. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 218 PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE AT HOME STREET FACTORY OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (I) (IXXXXXI) attended the deceased from January 10 85 . March saw the deceased alive an March 6, above, (I) (WK) (and) (did not) view the body after death 85 and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN XXDIRECTOR PHYSICIAN March 1145 19th Street, N.W. Clifton R. Gruver, M.D. Washington, D.C. West 230 BURIAL, CREMATION, REMOVAL 236. DATE March 231 NAME OF CEMETERY OR CREMATORY 9,1985 Ridgelawn Cemetery Huntington, 24 FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 HOMES, P.A., BETHESDA, MARYLAND (VRA 15, 4)

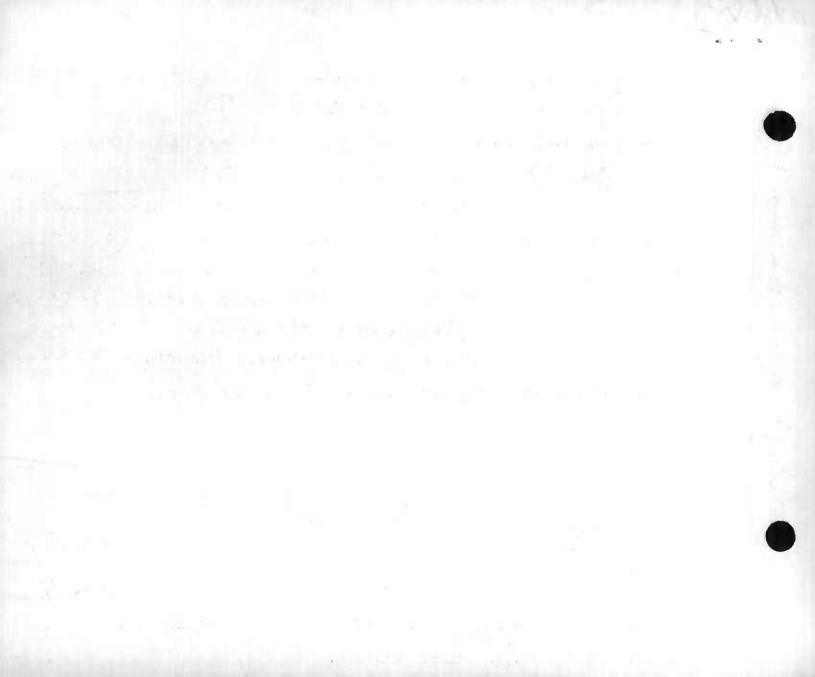


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182150,0	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE S REG. NO.	6 6 7 0
yy be	(14	PE OR PRINT! Dana		Howard	20 DATE OF BEATTY	6 85 2:50a A
Poge 4 mc	3. S	Female	4 RACE Black	5. DATE OF BIRTH  MONTH DAY YEAR  7	6 AGE (IN YEARS LAST BIRTHDAY)  6 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
deoth. P	1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Tennessee CITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY  USA	MARRIED NEVER MARRIED WIDOWED DIVORCED NO HOME OR OTHER INSTITUTION	Montgomery  120 USUAL OCCUPATION	MD  12b KIND OF BUSINESS OR
1201 ours often	US	Silver Spring  JAL RESIDENCE IN NURSING ADME OF	(IF NOT IN SUCH EACHITY, GIVE STREE HOLY COS.)	tospital	(TYPE OF WORKEOR MOST OF WORKING LIF Homemaker	INDUSTRY
YLAND 2	2 1	Maryland Mont	gomery Silver.	Spring YES NO NO NOTHER'S MAIDEN NO	136 STREET ADDRESS 1813 Billman La	., 20902
ZE, MAR	160	Arthur WAS DECEASED EVER IN U.S. AR	T. Henle	110100	MIDDLE ADDRESS	Dobson
ALTIMOR TO be executed on the property. Poge		No	VE WAR OR DATES) 412-15-	THE PERSON NAMED IN COLUMN	h Same as #1	3e.  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N ST., B. certificol ing physic rbon pop		PART I DEATH WAS CAUSE	TE CAUSE (o) /TCJ	te Respiratory Fa	ilure	BETWEEN ONSET AND DEATH
PRESTON ne death cr emove corb matron, or r troumatic		Conditions, if ony, which gove rise to immediate		onic Obstructive L	Jng Disease	5 yrs
201 W. sed by the please reduced by the please reduced, or other	oleose re	cause (a), stating the underlying cause last		JENCE OF CHICKES IS  DEATH BUT NOT RELATED TO THE TER/		10 442
RECORDS,  low require so been sign sermit. Then me prior to be my injury	ATION	Tricus pi	d Insufficuci			6, WERE FINDINGS USED
VITAL RE  N. The lo hysicion. Icote hos ronsit perr	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	YES NO VI IN CERTIF	YING CAUSES OF DEATH?
DIVISION OF VITAL  NG PHYSICIAN: The ottending physicion from the this certificate has the buriol-transite phond Mental Hygier prices.	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED	3111	19 2H LOCATION		
DIVISION OF PROPERTY OF After the ce of the old the ond morken	W	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
R ATTEN hospitol RECTOR. red for us ppt. of He em 21 is	3	saw the deceased alive an		, and that in (my) (aw) opinion	death occurred on the date and hou	19
HOSPITAL OF		221. PHYSICIAN'S NAME (TYPE O	V V UUUS PRINT)	ATTENDING	MEDICAL STAFF DIRECTOR   PHYSICIAN	3/6/85
TO HOSP retoined 1 TO FUNE should be with the 3 May 1	230	BURIAL, CREMATION, REMOVAL	Munzer M.S.  1236. DATE 1236		1230 LOCATION	oma Park Md.
BP		Burial	3/10/85 Cr	aig's Chapel Cem.	Greenback Loud	on, Tennesse
DHMH - 16 50M 1/81 (VRA 15, 4)		NAME Francis	J. Collins ADDRESS <del>Lud. w Si</del> lver S	MAD	1 1 1985 " fie Jevi	don-Rondell

guine 3029101 25500t 9 Win 2000 Might with the state of Arthur T. Perter 1112 32: 30 3 25 The University of the Sister of the Continue o

078075 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH FIRST (TYPE OR PRINT) 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 5. DATE OF BIRTH AONTHS DAYS 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Washington. D.C WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORLD INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET, ADDRESS) Treasury Dept. GIVE RESIDENCE BEFORE ADMINISTRA SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 30. STATE 3a. STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Washington. DC 525 Quintana Place N.W. 20011 NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Dasenbrock Vincont Howard Maru ADDRESS 717 Dartmouth Ave. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Brother (IF YES, GIVE WAR OR DATES) Silver Spring. Md. 20910 Paul T. Howard 577-60-6802 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 5 MINUTES IMMEDIATE CAUSE (a) UMONARY Conditions, if any, which gave rise to immediate cause (a), stating the CUTE GASTRU-ESUPHAGEAL HEMIRLHAGE underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED TO DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OF TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (I) (this hospital) attended the eleceosed from. sow the deceased alive an and that in (my) por apinian death accurred an the date and hour and from the causes stated 226 SIGNATURE 22c DAJE SIGNED DEGREE DIRECTOR PHYSICIAN 23e. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial Mar. 16. 1985 Mt. Olivet Cemetery Washington. D. Francis J. Collins DHMH -- 16 50M 4/93 (VRA 15, 4) 500 University Blvd. W. Silver Spring. Md



- STATE

TYPE OR PRINTS

14 FATHER'S NAME

Lewis

3. SEX

REGISTRAR DECEASED NAME

Janual

# STATE OF MARYLAND

LAST

MONTH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. NO.				
	26. DATE OF DEATH MONTH	DAY	YEAR	26 HOL	JR
	3.	2/	2.8	6-1	5
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 H
YEAR 900	84 YPS	MONTHS	DATS	HOURS	M

1a BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED

Virginia WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

176 KIND OF BUSINESS OR ervice Employee Railroad

1705 East West Highway

13a STATE 13h COUNTY Maryland Montgomery Silver Spring YESY

Humes

4 RACE

15. MOTHER'S MAIDEN NAME Willie Stewart

Washington, ADRESC. 20011 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT LIE YES, GIVE WAR OR DATEST Humes, Jr., son, 5128 12th St. NE, No 719-10-6946

18 CAUSE OF DEATH (Enter only one couse per fine for 101, (b), and ICU PART I. DEATH WAS CAUSED 8Y: ardio respirators IMMEDIATE CAUSE (0) erebrovascular

Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF

underlying couse lost

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO I 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

CITY OR TOWN

3-21-80

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

13e STREET ADDRESS / ZIP CODE

CERTIFICATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY

AT HOME STREET, FACTORY, OFFICE, FARM, ETC )

211 LOCATION

COUNTY STATE

220.1 certify that (1) (this hospital) attended the deceased from 12-31-89 3-21-85 sow the deceased alive on 3-21-85 obove, (I) (we) (did) (did not) view the body after death

DEGREE ATTENDING MEDICAL ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED 3-22-85

Suite 32, 831 University Blod East

Burial

23¢ NAME OF CEMETERY OR CREMATORY Mar. 25, 1985 Harmony Memorial Park

Highland Park, Maryland ME DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR 7400 Georgia Ave. NW

PORTANT

McGuire Funeral Service, Inc., Washington, DC

DHMH - 16 60M 7/84

(VRA 15,.4)

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE LAST 20 DATE OF DEATH DECEASED NAME 26 HOUR THE OF BUILD JoAnn Marie 185 March Hunt 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4 RACE 5 DATE OF BIRTH ONTHS DAYS MONTH 1926 White 58 Dec. Female 9 BALTIMORE CITY OR COUNTY OF DEATH THE BIRTHPLACE STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED COUNTRY Minn. U.S.A. Montgomery WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ILCITY OR TOWN OF DEATH 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET AODRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! 421 Christopher Ave. Gaithersburg Housewife USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION (20879)13e STREET ADDRESS / ZIP CODE (20079) 421 Christopher Ave. #14 136 COUNTY 13d. INSIDE CITY LIMITS? Montgomery Gaithersburg YES IX Md. NO 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST George Miller John la Blanche Tsabella Christinsen\_ 16b SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 421 Christopher Ave. #14 (IF YES, GIVE WAR OR DATES) 472-22-5392 Gaithersburg Md. 20879 No Gerald R. Hunt APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), 1 PART I. DEATH WAS CAUSED BY Concer Stage III 6 month IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h, IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? ovarian cancer NO YES [ NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (thu hospital) attended the deceased from mar 12 19 85 saw the deceased alive on\_\_\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated march abave, (1) (ald) (ald not) view the bady after death. 226 SIGNATURE 22c DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

the

DHMH - 16 50M 4/83 (VRA 15, 4)

23a BURIAL CREMATION REMOVAL (SPECIFY) Burial 3/16/185

501 N Frederick 23c NAME OF CEMETERY OR CREMATORY Parklawn Cemeterv

77e ADDRESS

Rockville

Md.

NAME Trabell Sanders 316 Ems Diamond Ave., Gartner Sandison F.H. Gaithersburg.Md.20877

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			CEASED NAME	FIRST			IDDLE			LAST		12	20. DATE		MONTH	H DAY	YEAR	26. HOUR
	ET, ET,		Convention	Schl	ey		2.		H	ENT		100	DEATH	MATED	03	6	19	1248
	RECTOR. R FILES. HOURS	3. SEX		CE	5 DA E OF B	BIRTH	YEAR 6	AGE (IN YEA		DER 1 YR.	IF UNDER		2c. DATE	NCED	MONTH	DAY	83	2d HOU
	∑53.<	m	rale le	shite	7	17		86 YR		DATS	HOURS	MIN.	DEAD			5	19	PA
	ESSA SR Y DR Y	7e BI	RTHPLACE (STATE OF TRIBE)		76 CITIZEN		COUNTR	RY?	8 MARR	ED NE	VER MARRI	ED 🗆			OR COU	NTY OF	DEATH	
	NECESSAR FUNERAL 5 FOR YO				U.S.				WIDOW		DIVORC				mery			ME
	ANS THE FIRST		TY OR TOWN OF DI Ckville	EATH	Shady	FHOSPITA SUCHEACILITY FOR	AL, NURS	ing home er address) dventi	or oth	er institu Spital	TION	12e. USU	NALOCCU NOST OF WOR	PATION ( RKING LIFE)	ol &	12b KI	RINDUST RINDUST	USINESS TRY
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WD.	H. 2.	14. FA	THER'S NAME		WIDDLE		LAS	ST		15. MOTHE	ER'S MAIDE	NNAME		VIDDLE				
ÄE.	355 A		Thoma		Kelsey		Hu	nt		E	lizabe	th				Sr	nith	
BALTIMORE.	PA STORY	16a V	VAS DECEASED EVE ES, NO OF UNKNOWN) Yes	R IN U.S. ARA	MED FORCES? WAR OR DATES)			L SECURITY		17 INFORA				ADDRE				
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	203 ₹ 10		18 CAUSE OF DEA	ATH (Enter onl	ly ane cause p	er line far				1			2 111	7.34	-	BET	PPROXIMA WEEN ONS	TE INTERVAL ET AND DEATH
ON	~ m ~ m ~ d			IMMEDIA1	TE CAUSE (a)	24000		CA PA	-	3 u 1	wea.	oru	1	KULE	2.5 1	-		
PRESTON ST	THIN 24		Canditians, if	any, which	DUETO	O, OR AS					and	· a a						
			gave rise to cause (a) statis	immediate		O OP AS		OUENCE		7	Q.		- 025 C	16400	-17.			
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RECORDS,	SECU SAL AND AND AND	1	PART 2 OTNER SIGNIFICA	ANT CONDITIONS	CONTRIBUTING TO	OEATN BUT	NOT RELATED	TO THE TERMI	NAL DISEAS	E OR CONDITIO	N GIVEN IN PAI	RT I (a)						
Ö	HOULD BE EXECTED THE MEDING. HIEF MEDICAL USED AS A BUILD FOR THE MEDICAL CREMATION OF THE MEDIC	ON			1.5													
1 2	SED A	SAT OF	19a DATE OF OPER	RATION	19b. CC	ONDITION	N FOR WI	HICH OPER	ATION W	'AS PERFOR	MED?				70.0	20	AUTOPSY	1?
VIT	300m	E															YES 🗌	NO 🔀
DIVISION OF VITAL	HE WE WILL BE WE WE WE WILL BE WIL	MEDICAL CERTIFICATION	210 EXTERNAL CA	OR		ME OF IN	IJURY NONTH D	AY YEAR	21c. HC	OW INJURY	OCCURRE	D (ENTERN	ATURE OF IN	JURY IN ITEM	18 PART 1 OR	PART 2)		
NO!	FPOSS	Š	CONTRIBUTING	CAUSE OF		P.M.	INJURY	19	216.10	CATION								
N. C	NRITING NRDED NRTING NRDED GE 3.54 201 PRI	MEC	WHILE NO				, FARM, ETC			TREET			CITY OR TO	wn		OUNTY		STATE
	PA STA		AT WORK AT	WORK														
	EXAMINER: CERTIFICATI ULD BE FOR DIRECTOR: (, WITH THE: MARYLAND)		22a I certify tha		la la	~	Г		Autop	sy 🔲,	Inspection		Inquiry	Ш, _	and in my	apinian		
	AM RTIFI D BE REC RTL RYL		death resulted fro	im: Natur	ral causes	J. Ac	cident L	], Sui	cide 🔲	, Hamic		Undete	ermined m	onner	].			
	E CER DUID DUID H, WII	13	ACTUAL SIGNATURE	Not	200	rend	ne.			TITLE (S	Duty				DAT	3	-6-4	25
	SEATE STATE									.D. Je v		MEDI	CALEXAA	A LYER T	the sign	LO	nd	7. 1
	TO MEDICAL EXAMINE EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOR LONING THE DEATH, WITH THE BALLIMORE, MARYLAN		(TYPE OR PRINT)		sha	Ta	adu	4		ADDRESS_	8218	انعا	SCOI	USIN	A	2		
	5×4548	230 BI	JRIAL, CREMATION, PECIFY) Ruris	REMOVAL 2	36 DATE		23c NA	ME OF CEN	NETERY O	RCREMATO	ORY	23d LO	CATION			UNTY		TATE
07/84 25M	BP		Duli					lcrest					Bedf				30.0	
Zəm	DHMH - 17	24 FU	1331 Rock	heeler	Funer	al Ho	ome.	Inc.	200	45	25e. DATE R	EC'D. BY	REGISTRA		GISTRAR'S		Pande	00
	(VR A15 ME (5))		TOOL HOCK	ville P	ike, , K	OC KVI	irie, N	1a.208	352		MAT	111	1905	1700	CENTRAL PROPERTY.	HODY	Castors	JUK a

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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. 18	1.	FOR STATE	DEPARTA	MENT OF HEALTH AND MENTAL HYD  CERTIFICATE OF DEATH	GIENE O	8895
4016	1.05	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
mar.		CEASED NAME FIRST	WIDDEE	16 th and and		3 28 8-5 S.OSAM
120	I. SE	HENR	1. RACE	HYIVSON Is. Date of Birth	6 AGE (IN YEARS LAST BIRTH	- 000//M
11	7	m	W	MONTH DAY YEAR 4 16 1916	68	YRS DAYS HOURS MIN.
127	Ju Bi	RTHPLACE REGON COUNTRY OREGON  REGON  REGON	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR	
00		LVER SPRING	211 EAST HAMIL	G HOME OR OTHER INSTITUTION ADDRESS) TON AVENUE	120 USUAL OCCUPATIO ITYPE OF WORK FOR MOST OF ELECTRICAN	WORKING LIFE) INDUSTRY
Topic Property	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN RYLAND MONTG	ITY I3t. CITY OR TOW	N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 211 EAST HA	
140	14 F/	GARRETT L	HYNSON	15. MOTHER'S MAIDEN NA FIRST HELEN	MIDDLE	SIBEL
Foger		VAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU 207-05-		ADDRES ISON SAME A	
emovol		PART I. DEATH WAS CAUSE	ly ane cause per line far (a), (b), and D BY.  E CAUSE (a). CHRONI	-	EASE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
en please remave carl i burial, cremation, ar ury, ar ather traumation	7	1 4:	free 1 -	tic Kenal & L.		
permit Thene prior to	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
iol-transit mtol Hygi mtol B sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	71.7	YEAR 19	RED (ENTER NATURE OF INJURY	
s the burio h and Ment rked or ha	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC ) 211 LOCATION STREET	CITY OR TOW	n COUNTY STATE
for use of Health		220 I certify that (1) (this hospin saw the deceased alive an abave, (1) (we) (did) (did no	1al) attended the deceased from 3.27	, and that in (my) (aur) opinion	9, to 3, 28 death accurred on the dat	e and have and from the causes stated
State Dept ANT: If them		226 SIGNATURE  SAFETA  221 PHYSICIAN'S NAME (TYPE O	Le Saris	DEGREE  ATTENDING PHYSICIAN  1220 ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIA	171. DATE SIGNED 3.28.85
should be der with the State IMPORTANT.		RAJINDI	RA K. SARII	v 6201 Green		d Callege Pk Md20
444		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	3/30/85 PA	RKLAWN CEMETERY	ROCKVILLE	MONT MD.
16 60M 7/84 A 15, 4)	24 FI	NAME FRANCI	S J. COLLINSADDRESS	?50. DA	PR 1 1985	sh REGISTRAR'S SIGNATURE

MARYLAND 20901

UNIV RIVD , W. SILVER SPRING,

THE PROPERTY OF W. Camer, and the Electrical and the second and the

THE CALLS, HOUSE PT. COLM LEGISTON WHO.



DHMH - 16-50M 7/84

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## STATE OF MARYLAND

	1-	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HY ICATE OF DEATH	GIENE O S	10.	0 4		
		CEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH		DAY YEAR	26 HOUR	-
	(IIII)	OK PRINT)	WELD	ON BERN	IARD JAME	S		MARCH 14	1985		11:06	"P
	3 SEX			4 RACE		5 DATE C		6. AGE (IN YEARS LAST 8	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	_
1	M	ALE		CAUCAS	IAN	OCTO	BER 14 1912	72	YRS	MOINTING DATE	HOURS MIN	
1	To BI	RTHPLACE (STATE OF FO	IREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	D X NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OFDEATH	Dec.	
		UTH CAROLIN		UNITED	STATES	WIDOWE		MONTGOME	RY	-323	N	1D.
1	III. CI	TY OR TOWN OF DEAT	Н		HOSPITAL, NURSI		OR OTHER INSTITUTION	12a USUAL OCCUPA			OF BUSINESS O	R
1		BETHESDA			AVAL HOS			RETIRE	D	U.S.J	M.C.	
9	USU A	AL RESIDENCE (IF NURSINGTATE	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFO		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	44	166	
2	_	RGINIA	N/	'A	ALEXAND	RIA	YES X NO		EW TER	RRACE	22314	
1	14. FA	THER'S NAME FIRST		MIDDLE	LAST		15 MOTHER'S MAIDEN N	AME		LA	ST	
1		LUCIAN		LL JAME				A WELDON				
7		VAS DECEASED EVER IN	(IF YES GIVE	E WAR OR DATES)	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADD	RESS			
1		YES	1942	-1972	247-01-	1776	MARGARET JAM	ES,700 S.VI	EW TER			
1		18 CAUSE OF DEATH PART I. DEATH WA	Enter an	ly ane cause per	fine far (a), (b), a	nd ic	VA 22314			BETWEEN	ONSET AND DEATH	
				E CAUSE (a)	P	<u>NEUMON</u>	NIA					
				DUE TO, O	R AS A CONSEOL	JENCE OF						
		Conditions, if ony,		(b)_								
		cause (a), stating underlying cause	the last	DUE TO, O	R AS A CONSEQU	JENCE OF						
		onderlying cause	10151	( (c)								_
	z	PART 2 OTHER SIGNI	FICANT C	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	ADITION GIV	VEN IN PART 1	a	
-	CERTIFICATION	19g DATE OF OPERATION	ON	19h COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	28a AUTOPSY?	20h JE YE	S, WERE FIND!	NGSLISED	_
7	FIC.	THE DATE OF CITERAL	014	170 COIND	morrox write	OFERATIO	. WASTER ORNED		IN CERTII	FYING CAUSES	S OF DEATH?	
4	ERT	21g. ACCIDENT WAS UNDER	RLYING [	216 TIME C	F INJURY		21c HOW INJURY OCCU	RRED (ENTER NATURE OF IN		ES OF PARI 2)	NO 🗌	4
1		OR CONTRIBUTING CA	USE OF DE A	TH HOUR A.	M. MONTH			TENTER MANUAL OF THE	ON IN INCINITION	, AR - OR / AR 2)		
	MEDICAL	(IF EITHER NOTIFY MEDICA		21e PLACE	M. OF INJURY	19	21f LOCATION					_
	ME	WHILE NOT WHILE	E	(AT HOME ST	REET FACTORY, OFFICE,	FARM ETC )	STREET	CITY OR I	OWN	COUNTY	STATE	
		22a.1 certify those		tal) attended th	e deceased from	FEBRU	ARY 26 10 85	to MARCH	14	19_85	that we lo	151
		say, the deceased obuve, (1) (we) (dir				OF	nd that in (my) (aur) opinion	death accurred on the	date and hav		9	3,
		THE SIGNATURE	di (dia not	I view the body	after deoth.		DEGREE			/ 22c. DATE	SIGNED	-
		all	Lan	-0%	Lann	n	ATTENDING PHYSICIAN		AFF	15 n	MR80	
		224 PHYSICIAN'S NAM	ME (TYPE O	R PRIN!)	7			L HOSPITAL,		MEDICAL	COMMA	ND.
		W. A. DEL	ACEY	IT. M	C. USNR			PITAL REGIO				,,
-		URIAL, CREMATION, RI		236 DATE	23c	NAME OF C	EMETERY OR CREMATORY	234 LOCATION				=
		Remova1		15 Mar	85 Un	of Em	ed Services U	ndes	ethes	da, Mar	yland	
		INERAL DIRECTOR	7.17.				25a. DA	TE REC'D. BY REGISTRA				
		Capitol Fu	n <b>eral</b>	Service	e, Falls	Chur	ch, VA	26 mos 1	1. Juin	lun Harry	lappe :	

ALLAN TO BE WILLIAM INTERNATION OF THE CONTRACT OF THE STREET

2152	FOR STATE REGISTRAR
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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

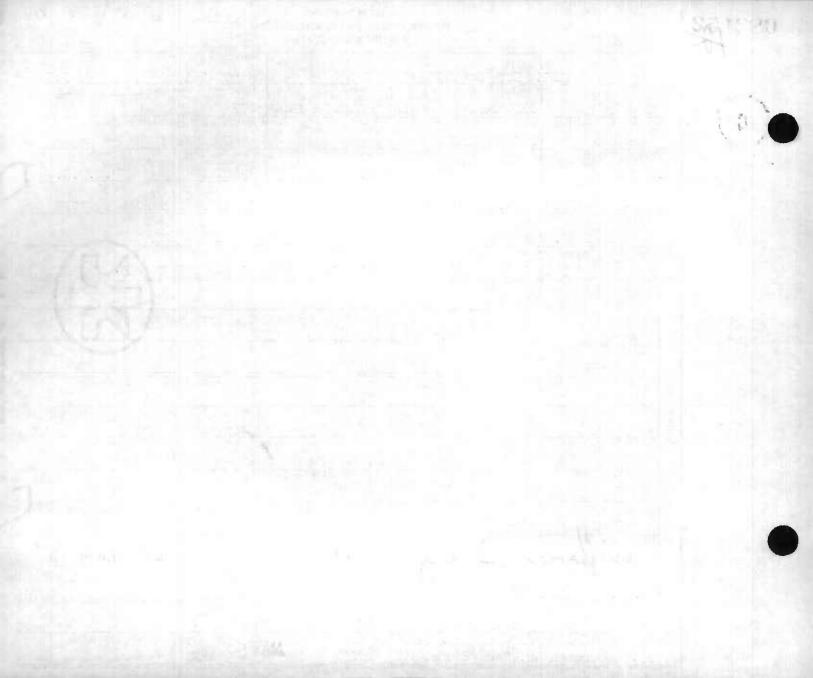
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REG. NO.

-1		REGISTRAR			CERTIN	ICAIL OI DEAL	**	REG. NO	O.			
		CEASED NAME FIRST	N	NIDDLE	L L	AST		2a DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
	11112	GEN:	E BUTTO	N JEFFR	EY			MARCH 1 19	985			a M
	3 SEX	X	4. RACE		5. DATE C		rEAR	6. AGE (IN YEARS LAST BIR	HDAY) IF U	NDER I YEAR	IF UNDER 24 HRS	_
	1.7	MALE	CAUCASI	AN		EMBER 14		77	YRS		I I I I I I I I I I I I I I I I I I I	
-	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8 MARRIE	NEVER MARR	IED 🗆	BALTIMORE CITY O	R COUNTY OF	DEATH		П
K		ARKANSAS	UNITED		WIDOWE	DI DIVORO	ED 🗌	MONTGOM	ERY		м	D.
2	10. CI	ITY OR TOWN OF DEATH		IOSPITAL, NURSIN		OR OTHER INSTITUT	ION	12a USUAL OCCUPATI		126 KIND O	F BUSINESS OF	R
£.		ETHESDA		NAVAL HO		AL		RETIRED		U.S.N	M.C.	
5	13a S	AL RESIDENCE (IF NURSING HOME OF	VIY	13c. CITY OR TOW		13d. INSIDE CITY LI	MITS?	13e STREET ADDRESS		9	7999	9
2	Times .		CE WM.	TRIANGL	E	YES NO		18049 JOPI	LIN ROAL	2:	2172	-
3	14 FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MA		MIDDLE		LAS	ST	
Ξ		WILBUR B.		141			ETTA	MAE SANDE				_
5			VE WAR OR DATES	166 SOCIAL SECU		17 INFORMANT				V 17		
5		YES 192.	5-1954	224-60-	7595	[DEBBIE J	EFFRE	Y,18049 JOI	PLIN ROA			
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly ane cause per D BY:	line far (a), (b), and						BETWEEN	IMATE INTERVAL ONSET AND DEATH	-
				ESPIRATO	RY FA	AILURE	-					_
П		THE STATE OF LAND	DUE TO, OF	AS A CONSEQUE	ENCE OF				- 17			
		Conditions, if ony, which gove rise to immediate	(b) P	ROSTATE	ADENO	CARCINOMA						
Н		cause (a), stating the underlying cause last	DUE TO, OR	AS A CONSEQUE	NCE OF							
П			(c)									_
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CC</u>	ntributing to I	DEATH BUT	NOT RELATED TO 1	THE TERMI	inal disease or con	DITION GIVEN	IN PART 10	a	
H	CERTIFICATION	19a DATE OF OPERATION	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORME	D	20g AUTOPSY?	20b. IF YES, W	ERE FINDIN	NGS LISED	_
	FIC	DATE OF CITERATION	170 CONDI	norton winer	OLEKATIO	TO TEM CHARLE			IN CERTIFYIN	G CAUSES	OF DEATH?	
-	ERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY		21c. HOW INJURY	OCCURR	YES X NO DED (ENTER NATURE OF INJU	YES T		NO 🗌	-
		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.A	A. MONTH DA	AY YEAR							
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.A		19	21f LOCATION						_
	¥.	WHILE NOT WHILE		EET, FACTORY, OFFICE, F	ARM, ETC )	STREET		CITY OR TO	WN	COUNTY	STATE	-
A		22a.1 certify that (I) (this hosp	ital) attended the	deceased from	FEBR	JARY 22 1	985	to MARCH	1 10	35	that (I) (we) la	-1
		saw the deceased alive ar	MARCH 1	19_	0.5			eath accurred an the de				31
	33	above, (1) (we) (dd) (did no 27b SIGNATURE	at) view the bady	ofter death		DEGREE				22c DATE	SIGNED	-
		William	0 (1)	hara		MA ATTEN		MEDICAL STAI		Ins	255	
,		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	1000		100 1000000		HOSPITAL,	The same of the sa	AEDIC/	AT COMM	A NIT
		W. A. DELACEY	T.T MC	HSNR				ITAL REGION				
	23a B	BURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREM		23d LOCATION				=-
	(	(SPECIFY) Burial				ico Natio		CITY OR TOWAL	iangle,	Vira	inia	
	24 FU	UNERAL DIRECTOR Cunnin										
		13318 Occoquan				22191	MA	H 5 1985	gerleden			
				0 '					-		1	_

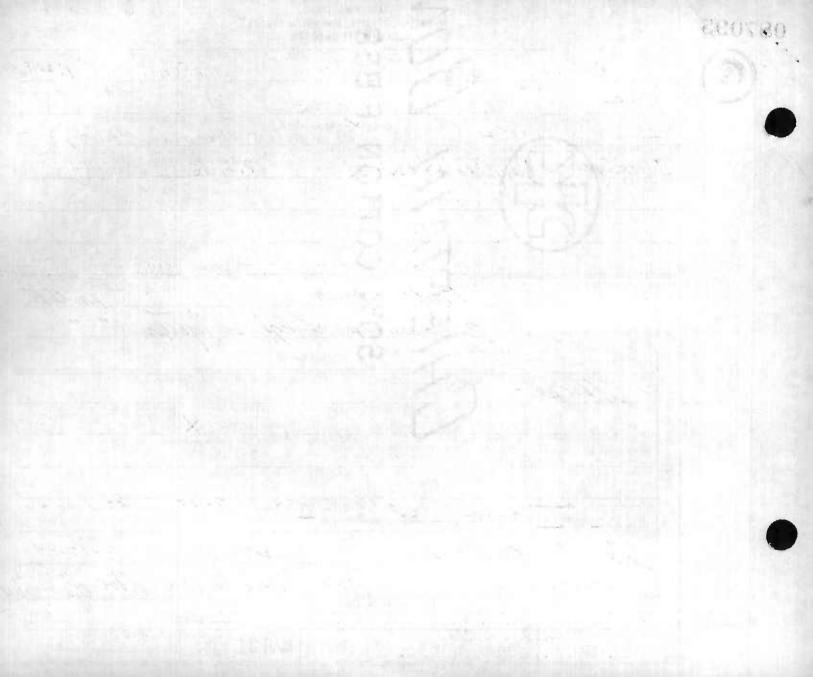
DHMH 16 60M 7/B4 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene price to be IMPORTANT: If Hem 21 is marked or Hem 18 shows ony

TO FUNERAL DIRECTOR: After this certificate has be



STATE OF MARYLAND



BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

24 FUNERAL DIRECTOR

FRANCIS H. BARBER LAYTONSVILLE, MD.

092127

# STATE OF MARYLAND

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

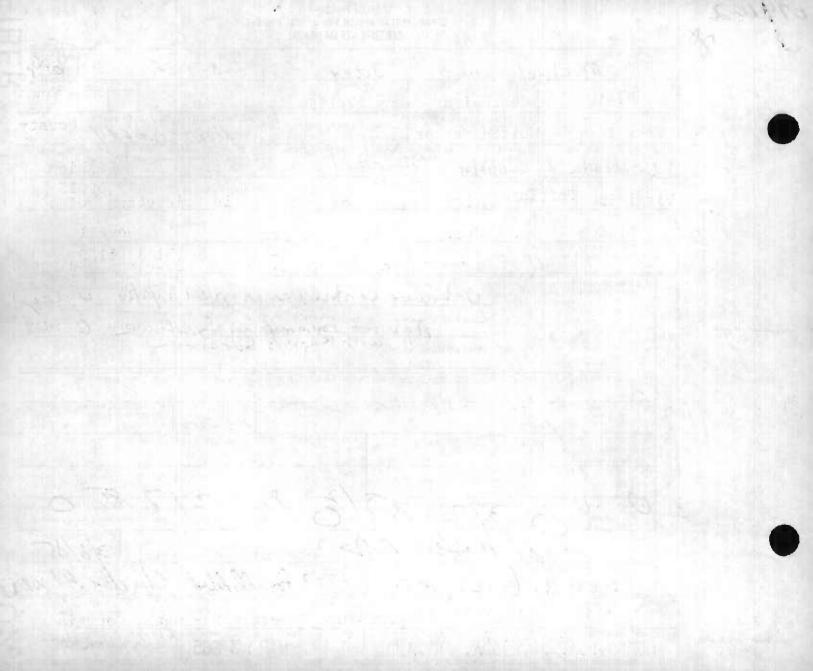
a Savidson Rando

	REGISTRAR				CEKITI	ICATE OF DEATH		REG. NO.			
	CEASED NAME	FIRST		MIDDLE	1	AST	2a DATE OF DE		DAY	YEAR	26 HOUR
(TABE	E OR PRINT)	lizab	oth	D	Tohnata		7 1/5	03	27	85	5:05AM
3. SE:			4 RACE	D.	Johnsto S. DATE C		6. AGE IN YEAR		-	NDER I YEAR	- M
	FEMALE		WHITE	6.0		T. 250,1898 EAR	86		MON RS		HOURS MIN.
	Kentucky		Th CITIZEN OF	WHAT COUN	MARRIE	D NEVER MARRIED	9 BALTIMORE		INTY OF	DEATH	
	ITY OR TOWN OF DE		(IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS)	OR OTHER INSTITUTION	Montgo	CUPATION	ING LIFE)	INDUSTRY	MD.  OF BUSINESS OR  Oital
USU	Onev AL RESIDENCE (IF NURS	SING HOME OR			eneral F	lospital	Medica	T pec.		nosp	)I vai
13 <sub>0</sub> M	d.	Mon Mon	ť.		Spring	136. INSIDE CITY LIAHTS?	13e STREET ADD	RESS / ZIP C uaker	CODE Lane	1	20860
14. FA	Gus	<u> </u>	AIDDLE	Beyer	1	Is. MOTHER'S MAIDEN NA		NIDDLE H	anna	h (AS	S1
16a V	VAS DECEASED EVER		MED FORCES?		SECURITY NO. 2-3792	Robert B. We	hhom	AD2REP 10			0
	110			101			Ro	ckvill	e, M	ld. 20	1853
CERTIFICATION		nediote ng the lost.	DUE TO, O  (c)  ONDITIONS CO	ASPIR RASACONS ONTRIBUTING	ig sto	NOT RELATED TO THE TERM	MINAL DISEASE O	20		Z IN PART 100	
RTIFIC	_							O IN CE	YES YES	G CAUSES	OF DEATH?
	71a. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEAT	216. TIME O HOUR A. P.	M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURI	OF INJURY IN ITEA	4 18 PARI I	OR PART 2)	
MEDICAL	21d. INJURY OCCUR	OLE []	21e PLACE		FFICE, FARM ETC )	211 LOCATION STREET	c	ITY OR TOWN		COUNTY	STATE
	220.1 certify that (1) sow the decease above. (1)(we)					th 26, 19.85 and that in (my) Our opinion		n the date and	, 19_		that (1) we lost
	22b. SIGNAURE COM	R.	Kum		иД		MEDICAL DIRECTOR	STAFF		Mar.	signed ch 27,198
	Joan	-	Kur	nar		Montgome	ery Gre	ńl H	SD	. 0	Inou MT
23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE MARCH	28,19	136 NAME OF C	EMETERY OR CREMATORY t.Wash.Crem.	Laure	T P.	Geor	ge :	Md. STATE

20879

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074102			STATE OF MARYLAND	94 5 0	8 9 0 3
~	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE	
100	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
N	1 DECEASED NAME FIRST	MIDDLE	LAST	2a DATE OF DEATH MONTH	DAY YEAR 26 HOUR
4 81	Micha	iel W.	Josey	3-7-85	606pm
4 4	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
1 1 1 1	///ale	Caucasian	May 27, 1954	30 YF	
the man / Lly	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	ALADDIED   NEVED MADDIED IV	9 BALTIMORE CITY OR COU	NTY OF DEATH County
1 12 70	Georgia	United States	WIDOWED DIVORCED	MONTGO.	merly MD.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
by rilled	Bethesda /	Suburban	Hospital	Mode1	Fashion
212 d in lbe	USUAL RESIDENCE (# NURSING   E-OR	OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION) WN   134. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C	ODE 22015
AN 22 AND	Virginia Fair	Burke	YES NO X	10310 Bridge	
RYL athir	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	TZAL
AM be do who	Windom	E. Josey	Barbar	a	Howe 11
AORE,	(YES, NO OR UNKNOWN) [ IF YES GN	MED FORCES? 164 SQUAL SEC		her ADDRESS +	1 B1155
Poor Proper		A Availa	able   Windom E.	Josey Ridge	1 B1155 eland, SC 29936
hysicio papers popers loval.	18 CAUSE OF DEATH (Enter or	lly ane cause per line far (a), (b), a			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSE IMMEDIA	DBY: TE CAUSE (a) UN KNO	un Central wer	105 system 1 mg	ection 4 charges
PRESTON ST he death cert he attending emove carbon motion, or rer r froumotic ex		DUE TO, OR AS A CONSEQU		1 1	
deof deof ove fion,	Canditions, if ony, which	( (b) A	gured Dumnoy	leiner Tyrcho	we 6 mos
the the er tree	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	DRIE OF WITH Rapost	Strama	
thot thot by sose sol, cr	underlying cause last	(c)			
S, 20 gned on ple burns		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART fto
DIVISION OF VITAL RECORDS,  CHARLES PANICON.  THE THE CENTROL Has been significant to permit. Then  The Manifold Histories prior to be  The Manifold Histories prior to be a significant to be a s	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING				
low low s be print	M 190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
AL ho	RTIF			YES X NO	YES NO
N 考集 5 1 1 8	OR CONTRIBUTING CAUSE OF DE		DAY YEAR 21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM	( 18 PART   OR PART 2)
0 2 8 8 8 8 8	S (IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19		
OS 27 248 24	214 INJURY OCCURRED	21 PLACE OF INJURY	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
NO State of the st	AT WORK		1/2 0		7 6
No 8 1 2 2		tal) attended the decoased from	10 1	> , to _ > / (	thet (1) we) last
E de Contra		view the bady after death.		death occurred an the date and	havi and fram the causes stated
D a d b d a d a	226 SIGNATURE	1 2 1/2/1	DEGREE	MEDICAL STAFF	171. DATE SIGNED
7 7 7 8 8 5 V	m	er a year	PHYSICIAN	DIRECTOR   PHYSICIAN	3/8/05
HOSPIT THE SI THE SI	224. PHYSICIAN'S NAME ITYRE	R PRINT)	27e ADDRESS	00010	L. d. Md son-
TO FUNE should be with the S	TONED 14	. 9. 1CL, M	1) 17/17/12	nay Muy	my classe or sosts
GGGGGG	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	1101 011	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
199 BP			onaventure Ceme	tery Savannal	h, Georgia
	24 FUNERAL DIRECTOR ROBER	T A. PUMPHREY	FUNERAL 25a. DA	TE REC'D. BY REGISTRAR 36 REC	Jandson William
(VRA 15, 4)	HUMES, P.A., B	ETHESDA, MARYI	AND MF	R 1 3 1985	4



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trust of the bank is the Montern Checker of Bullianist, Northern

smooth could be a many and a second that the profession of the second of ferey hade name in the state of the state of

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CC1 ele c May 14, 1924 D.C. macVil and the state of the state of a land novill wremo there to manivand Tolyo edian some general, thrown and the - NE-670 relation to the second to the The Suppose of the Control of the Co terial state enter other than the state of t 

CERTIFICATE OF BEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
DECEASED NAME FIRST	WIDDIE	LAST L	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 91750
Lillian 3 SEX	14 RACE	Is Date of Birth	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR OF UNDER 23 HRS
Female	White	March 20,1903		MONTHS DATS HOURS MIN
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUN	NTY OF DEATH
Russia	U.S.A.	WIDOWED DIVORCED	Montgome	MD.
Silver Spring	HOLY COSS	ADDRESSI ASpital	126 USUAL OCCUPATION (1YPE OF WORK OF MOST OF WORKING Homemaker	12b. KIND OF BUSINESS OR INDUSTRY Home
USUAL RESIDENCE IF NURSHIP HOME COL 130 STATE Maryland Mon	DR OTHER INSTITUTION GIVE RESIDENCE BEFOR JUNTY STORY	e ADM/SSION)  IN 13d. INISIDE CITY LIMITS:  Pring YES NO	7 13. STREET ADDRESS / ZIP CO	es Drive (20910)
Pincus	Laiefsk	is MOTHER'S MAIDEN	NAME	Mallinoff
	RMED FORCES? 166 SOCIAL SECU 104 WAR OR DATES) 220-46-6		Bethesda, M Kaplan;5912 Plai	aryland 20817 nview Road;
PART I. DEATH WAS CAUS	only one couse per line formal, (b) on SED BY: ATE CAUSE (a)	ic Shock		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	1951/11/12		Den.
PART 2 OTHER SIGNIFICANT  O Q Q O C  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING [	tranyatic	DEATH BUT NOT REPATED TO THE TE	200 AUTOPSY2 20b. IF	GIVEN IN PART UP  WERE FINDINGS USED  THEYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DE	ER) P.M.	AY YEAR	YES NOW WERE NATURAL TO THE METER NATURAL TO THE ME	YES NO
A 214 INTITION OCCUIDED	214 DI ACE OF INJUIDY	211 LOCATION		

21e. PLACE OF INJURY
(AT HOME, STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE

CITY OR TOWN

and that in (my) (our) opinion death accurred an the date and have and from the causes stated

COUNTY

3/15/85

22e ADDRESS

ATTENDING MEDICAL

STAFF DIRECTOR PHYSICIAN

Burial

1 - STATE

230 BURIAL, CREMATION, REMOVAL 236. DATE 234 NAME OF CEMETERY OR CREMATORY

n; Falls Church; Fairfax; Va. King David Memorial Gdn;

24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS 1170 Rockville Pike; Rockville, Md. 20852

DHMH - 16 60M 7/B4 (VRA 15, 4)

20 8 1 8 W

077166

medical

injury, or other troumatic event, the

IMPORTANT: If them 21 is marked or Item 18 shows any

BP. DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND

1-	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG	REG. NO.		
	CEASED NAME FIRST ORPRINT)  VEZ		E KATZMAN		March 9, 1985	2b. HOUR 5:30 R	
3 SEX 4. RACE			5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS	
	emale			ber 19, 1897	87 YRS.	MONTHS DAYS HOURS MIN.	
Ro	Bessarabio	U. J. A. WIDOWR		NEVER MARRIED DIVORCED	Montgomery	MD.	
11	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME C (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS), UNIVERSITY CONV. &			TIZE USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LI	176. KIND OF BUSINESS OR INDUSTRY Keeper	
Mo	ryland Mon		, , , ,		13e STREET ADDRESS / ZIP CODE 20453		
14 FA	Louis	Pittle	Shuster	15. MOTHER'S MAIDEN NA	"Ruth	Shames	
16a V	NAS DECEASED EVER IN U.S. 7 YES, NO OR UNKNOWN] (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	578-56-1164	Mrs. Ida B.	a B. Rosenheim (Same as # 13)		
MEDICAL CERTIFICATION	18 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Carcle Pulmon any Arnest				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  / KUS TIME T		
	Canditions, if any, which	DUE TO, O	DUE TO, OR AS A CONSEQUENCE OF ~			1 week	
	gave rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A		,		aut disease	years	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110						
	Cerebral arterionalerosis						
	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED			IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO		
	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH HOUR A.	M. MONTH DAY YEA	R	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART ?}	
	71d INJURY OCCURRED  WHILE NOT WHILE AT WORK	71e PLACE	OF INJURY REET, FACTORY, OFFICE, FARM. ETC.)	ZIF LOCATION STREET	CITY OR TOWN	COUNTY STATE	
	22a   certify the 112this haspital) ottended the deceased from 19 3 to 200 approach to 19 5 to 10 (we) last saw the deceased alive on 19 5 ond that in (my) of approach approach approach the date and hour and from the causes stoted above, (ii) and the date and hour and from the causes stoted above, (ii) and the date and hour and from the causes stoted above, (ii) and the date and hour and from the causes stoted above, (ii) and the date and hour and from the causes stoted above, (ii) and the date and hour and from the causes stoted above, (ii) and the date and hour and from the causes stoted above, (ii) and the date and hour and from the causes stoted above.						
	276 SIGNATURE  DEGREE  ATTENDING  MEDICAL STAFF  PHYSICIAN DIRECTOR PHYSICIAN						
	Morton W. Shapiro, M. D. 5225 Pooks Hill Road, Bethesda, Md. 20814					da, Md. 20814	
	236. BURIAL, CREMATION, REMOVAL 236 DATE 3/11/1985 CHEV Sholom Talmud CITY OF TOWN COUNTY STATE TOTAL CONGREGATION Washington, D. C.						
001 23:	NALDEM STEIN 2 CARROLL STRE	HEBREW MI	EMORIA HIRUTER	ALDHOME MAR 1	TE REC'D. BY REGISTRARI 256, REGIS	TRAR'S IGNATURE	

081036	STATE OF MARYLAND  FOR  STATE  FOR  STATE  REGISTRAR  STATE  STAT
	1. DECEASED NAME FIRST MIDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 2b. HOUR
1 31	George A. Kelly 03 13 85 8:10 Am
de 4 may	3. SEX ARACE S. DATFOF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAY OF OA 83 YRS.
01165	16. BIRTHPLACE (STATE OF FOREIGN COUNTRY) 15. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCED DIVORCED MONTHS OF WALL MARRIED MONTHS OMERY MARRIED MONTHS OMER MARRIED M
8 8 1 1 2 2	Silver Spring Holy Cross Hospital freight handler R.R.
BALTIMORE, MARYLAND 1110  cote be executed within a hours systicion and campletely filled in a pers. Poges 1 and 2 shauld be fil wol.  11, the quedical exampler member	130. STATE Md.   130. CITY OR TOWN   130. LITY OR TOWN   130. INSIDE CITY LIMITS?   130. STREET ADDRESS   131. STREET ADDRESS   130.
E, MARY	FIRST WHEN SNAME FIRST WHEN SNAME LAST  I.S. MOTHER SNAME FIRST WHEN SNAME LAST  LAST  LAST  ADDRESS  ADDRESS  LAST  LAST  LAST  LAST  LAST  ADDRESS  LAST  ADDRESS  LAST  ADDRESS
LTIMORE be exected to the control of	(YES, NO OR UNKNOWN) (IF YES GIVE WAR DEPORTS) 508-16-4259 Monthle Scott 2805 Linduist. MD 20905
	18 CAUSE OF DEATH (Enter only one couse per line for m), (b), and (c) in the part I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  WAS CAUSE OF DEATH (Enter only one couse per line for m), (b), and (c) in the part I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., CEPHYSICIAN: The law requires that the death certification physician.  The law certificate has been signed by the attending plant the law colorions permit. Then please remove carbon put and Mental Hygiene prior to burnol, cremation, ar remained as them 18 shows any injury, or ather traumatic events.	Canditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF DISTRUCTIVE Pulmonary DICOUSE  DUE TO, OR AS A CONSEQUENCE OF
RDS, 201 equires the signed Then plea	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
TAL RECO	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 1 216 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
SKCIAN: T ng physics certificate entol trons entol Hygi	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAK  (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
DIVISION OF PHY AND PH	AT WORK AT WORK
ATTEND Begins o ECTOR: 1 differente il of Heal	22a.I certify that (I) (this hospital) ottended the deceased fram
TALOR THALOR THA	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR
O HOSP to Fund though by the fall the fall	
BP	230. BURIAL, CREMATION, REMOVAL 1236. DATE 1231. NAME OF CEMETERY OR CREMATORY 1236 LOCATION CITY OR THE P.G. MG. 124 FUNERAL DIRECTOR 124 FUNERAL DIRECTOR 23/15/85 MG. VETERAL DIRECTOR
DHMH - 16 50M 4/82 (VRA 15, 4)	Rausch Funeral Home ADDRES OWINGS, Main 18

	y , 8 % * 9 %
GEOTGE A KENY OS 18 85 E KA	
maie l'unite de copo la solution de sixte	
ISY LISA X Nontgemery	
Silver Spring Hony Gross Hospital regne nanties R.R.	
Ha convert wearch x 4005 9th St./2014	
noisnetru noisnetru	
VER MINISTER SE-10-4254 MONIE SORT -3605 LINUX SE TENEN SOLOTO	
Educat 3/6/85 Ind. Valaran Coatement R.S. Nati	

093054	STATE OF MARYLAND  1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 0 8 9 0 9  CERTIFICATE OF DEATH  REG. NO.
4 moy be	DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR .  CHRENT STATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.
urs offer death Page 4	BARCK 6 19 33 PRINTING OF FOREIGN TO COUNTRY?  B BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MARRIED NEVER MARRIED NEVE
be executed within 24 ho ond california.	JUNIAL RESIDENCE (IP NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE ADMISSION)  130. STATE  131. COUNTY  132. STREET, ADDRESS  133. STREET, ADDRESS  134. UA, V. BIVA  15 MOTHER'S MAIDEN NAME  15 MOTHER'S MAIDEN NAME  16 WAS DECLA ED EVER IN U.S. ARMED FORCES?  (YES NO GOLD WAN)  16 YES, GIVE WAR OR DATES)  215 26 3743  16 PARTIE STREET, ADDRESS  16 MODIE OF STREET, ADDRESS  16 MODIE OF STREET, ADDRESS  16 MODIE OF STREET, ADDRESS  17 HOUSE OF STREET, ADDRESS  18 STREET, ADDRESS  18 STREET, ADDRESS  18 STREET, ADDRESS  18 MODIE OF STREET, ADDRESS  18 MODIE OF STREET, ADDRESS  18 MODIE OF STREET, ADDRESS  19 MODIE OF STREET, ADDRESS  10 MODI
201 W. PRESTON ST., BA es that the death certificate ned by the attending physic please remove carbon pape uriol, cremation, or remaval.	18 CAUSE OF DEATH lenter only one couse per line for (a) (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Canditians, if ony, which gove rise to immediate cause (b), stating the underlying cause last  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low require oftending physicion.  After this certificate has been signs at the buriol-transit permit. Then thood Mental Hygiene prior to backed or them 18 shows any injury orked or them 18 shows any injury.	196. DATE OF OPERATION  196. DATE OF OPERATION  206. AUTOPSY?  206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO   216. ACCIDENT WAS UNDERLYING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  216. PLACE OF INJURY  WHILE NOTIFY MEDICAL EXAMINER)  216. PLACE OF INJURY  LAT MOME AT WORK STREET, FACTORY OFFICE, FARM. EIC.)  217. LOCATION  STREET  CITY OR TOWN  COUNTY  STATE
by the hospital or LERAL DIRECTOR A State Director of State Dept. of Head ANT: If Hem 21 is many the state of	270 1 certify that (1) (this haspital) attended the deceased from
BP CAN 1/BI  CAN TO FOR THE PROPERTY OF THE PR	36. BURIAY CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OF CREMATORY) 234 LOCATION COUNTY STATE OF CHARLES OF CHARL

		STATE OF MARYLAND
,	FOR DEPA	RTMENT OF HEALTH AND MENTAL HYGIENE
	REGISTRAR MEDICA	AL EXAMINER'S CERTIFICATE OF DEATH REG, NO.
	I. DECEASED NAME FIRST MIDDLE	The part Known -
094018	(TYPE OR PRINT)	Kenciton DEATH MATED Thatch MIO PT 1830
EF CAS	3 SEX 14 RACE . 3 5. DATE OF BIRTH	
# C 2 0 %	MONTH DAY YE	AR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED
1 222	M2/18/18	OF YRS. DEAD March 2219 80 MM
28 4 15 51 C	TO BIRTHPLACE ISTATEOR TO CITIZEN OF WHAT CO	DUNTRY?   B. MARRIED   9 BALTIMORE CITY OR COUNTY OF DEATH
世界の意味が	FOREIGN COUNTRY)	WIDOWED DIVORCED DILLY BROWLY MD
Z	MASSACHUSETTS U.S.A.  ID. CITY OR TOWN OF DEATH  II. NAME OF HOSPITAL,	NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF ORK 126 KIND OF BUSINESS
5 1 2 2 2	(IF NOTAL)	
\$0 £ 17	02 (18p2 /x014	CVOSS NON AUDIO VISUAL SPEC. U.S. GOVT.
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2 - 3	100 Monos	24VI CHURCHILL RUAV 20702
9 1 10	14. FATHER'S NAME FIRST MIDDLE	LAST 15. MOTHER'S MAIDEN NAME MIDDLE LAST
1120	ERNEST K	ENISTON GRACE PRESCOTT
80 EB 70 - 7	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166	SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
# E-2-30	(YES, NO, OR UNKNOWN) (# YES, GIVE WAR OR DATES)	1 10 /7/7 CLADUC C VENTOTON CAUE AC 12 WATER
₹ 500年2		1-10-6767   GLADYS C. KENISTON SAME AS 13 WIFE
2 8 4 5 E	18 CAUSE OF DEATH (Enter only one couse per line for (a PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
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Z AN WILL	gave rise to immediate (b) OUE TO, OR AS A (	CONSEQUENCE OF /
OI W DIED N PER EXAA RIAL-T	lying cause last.	1- 11 de Arango R. V 2 wkg
	(c) X 0 V	or Me com Munsym Kepzin Zeri
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¥ 420 M F	210 EXTERNAL CAUSE WAS 216. TIME OF INJUI	
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N SECOND	CONTRIBUTING CAUSE OF DEATH P.M.	19
SI FOOD STO	UNDERCTING ON CONTRIBUTING CAUSE OF DEATH P.M.  216 PLACE OF INJ  216 PLACE OF INJ  WHILE NOT WHILE STREET, FACTORY, FA	
DIV S CI RATE R S E 3 E 3 E 5 I PR	WHILE NOT WHILE STREET, FACTORY, FA	RM, ETC.) STREET CITY OR TOWN COUNTY STATE
WAWAWA TAI	AT WORK AT WORK	
RR: OR	22e. I certify that I taak charge of the remains described	above, held an Autopsy . Inspection Inquiry . and in my apinian
NO SER	death resulted fram: Natural causes Accid	ent , Suicide , Hamicide , Undetermined manner ,
AN REC		TITLE (SPECIFY)
S C C C C C C C C C C C C C C C C C C C	ACTUAL LOS PILOS	DAW 221786
CAL THE SHC ATH	SIGN TURE CONTRACTOR	M.D. Legy MEDICAL EXAMINER SICKED
EDIO A A A	EXAMINER'S NAME	
TO ME EXECUT TO PAGE BA	(TYPE RPRINT) JOHN S. ROGERS	ADDRESS 1919 SEMINARY ROAD, SILVER SPRING, MD.
PAT 178	230. BURIAL, CREMATION, REMOVAL 23b. DATE	13d. LOCATION COUNTY STATE
BP	BURIAL 3/26/85	CROWNSVILLE VETERANS   CROWNSVILLE MARYLAN
	24. FUNERAL DIRECTOR FRANCIS J. COLLI	CIVERNIO A TITLE A CITCHING CIVERION CIVERION
DHMH · 17 (VR A15 ME (5))	NAME PRANCIS J. ADUULLI	ADD 4
515M7/76	500 UNIV.BLVD., W., SILVER SPR	ING, MD. 20901 APR I 1985 The Levider Pandse

074	1031	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 5 0	8 9 1 1
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	age 4	3 SE	18 ALE	4. RACE WHITE	5. Date of BIRTH December as, 19		IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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LAND 21	in 24 ha	_	AL RESIDENCE (IF NURSING HOME OR)	TY 130 CITY OR TO	SDA 136. INSIDE CITY LIMIT	5811 Lone C	Dak Drive/2084
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DS, 201 W. PRESTON ST., BALTIMORE, MARYLAND	quires that the death certificating signed by the attending physic her please remove corban paper to buriol, cremotion, or removal jury, or other traumotic event, the please of the ple	N	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOL  (b)  DUE TO, OR AS A CONSEOL  (c)	rcinoma) of	Prostate  TERMINAL DISEASE OR CONDITION GIV	BETWEEN OWSET AND DEATH  GUEEN OWSET AND DEATH  GUEEN OWSET AND DEATH  VEN IN PART 1:0
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N OF VIT	PHYSICIAN: The ending physicia this certificate he buriol-transit ad Mental Hygies d or liem 18 sha	MEDICAL CER	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	CURRED (ENTER NATURE OF INJURY IN 11EM 18	PART I OR PART 2)
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	O HOSPITAL OR ATTEND etomed by the hospital or TO FUNERAL DIRECTOR. A should be detoched for use with the State Dept of Heal MADRIANT: if them 21 is m		saw the deceased alive on	off attended the deceased from,	DEGREE ATTENDIN PHYSICIA  776. ADDRESS	N DIRECTOR PHYSICIAN	771. DATE SIGNED
	TO FUNE should be with the S	73a B	URIAL, CREMATION, REMOVAL	1736 DATE 736	NAME OF CEMETERY OR CREMATO	Wisconsin AU	MH dosis
	BP DHMH - 16 50M 1/81 (VRA 15, 4)	74 FL	CREMATION INERAL DIRECTOR	MARCH 11, 1985 C	HAMBERS CLEMAN	DATE REC'D. BY REGISTRAR 25% REGIST	SCO. MARYLAND
	(VKM 13, 4)	01	hambers fune	RAL HOME SING	ERSPRING, MD.	MAR 1 3 1985	Davidson-Randall

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	OR ATTENDENG PHYSICIAN. The law requires that the death centracte be executed within 24 havin often death. Page 4 most electrical as attending physician.	DRECTOR. After this certificate has been ugited by the attending physican and completely filled in by the funeral director or check for use or the build-funds permit. They alse we remose contemporary, Poses, Land 3 should be falled within 7 Should her.

m.e.		CEASED NAME FIRST	WIDDLE	REG. NO.	26 HOUR			
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( )	1.5£	Male	White	5. DATE OF BIRTH  1 ONLH  1894	6. AGE   IN YEARS LAST BIR HODAY)   IF UNDER TYEAR IF UNDER STORE OF THE STORE OF T			
1407	B 100000	Kraine	76 CITIZEN OF WHAT COUNTRY  USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery County	2		
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The second	of USU.	Md. He Home or Hills Coun Moi	OTHER INSTITUTION GIVE RESIDENCE BEFO	ORE ADMISSION)	13e.STREET ADDRESS / ZIP CODE 925 Schindler Drive	903		
6	H. FA	Hryhory	Kirzecky	Maria Maria				
Poper	16a. V	None (IF YES, GIVE		0668 Myron Kirz	ecky(Son) Trenton N.	Way		
t the death certificate by the other physician is remove contranged to the changed the thousand the thousand the changed the contranged to the changed		Canditians, if any, which gave rise to immediate	by one couse per line for to the couse D BY:  E CAUSE (a)  DUE TO, OR AS A COUSEO  (b)  DUE TO, OR AS A CONSEO	curua hef	I hing,	imate interva Onset and de		
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hould be deto 230 BURIAL, CREMAIN. CREMATION, REMOVAL 3/15/85

St. Mary's Cemetery

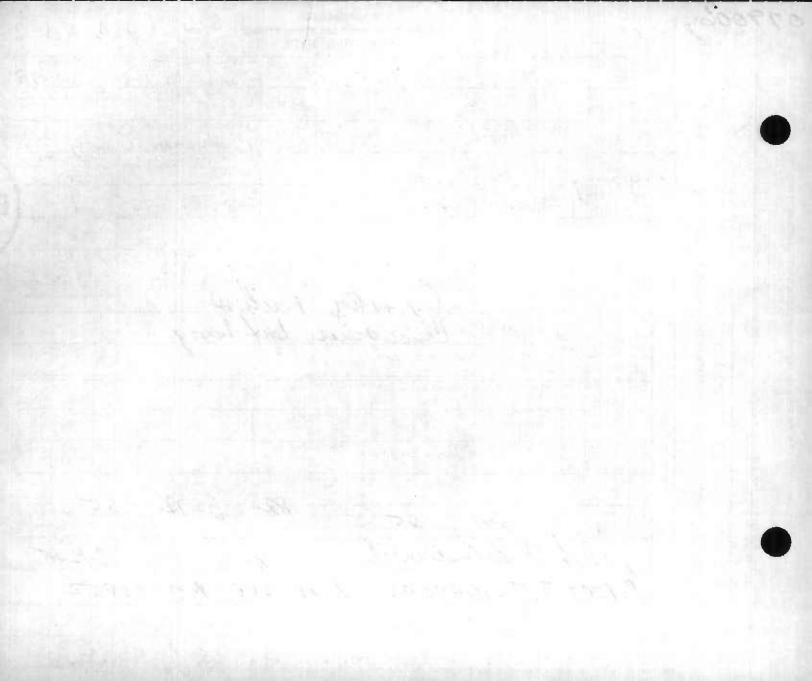
ATTENDING PHYSICIAN

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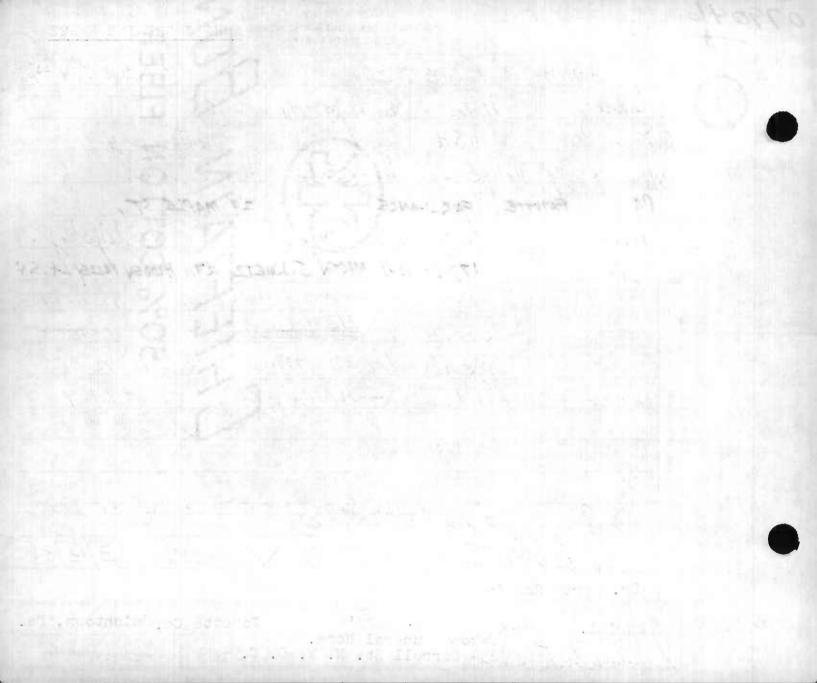
24 FUNERAL DIRECTOR

Hines/Rinaldi 11800 New Hamp. Ave. S.S. Mines

DHMH - 16 60M 7/84 (VRA 15, 4)

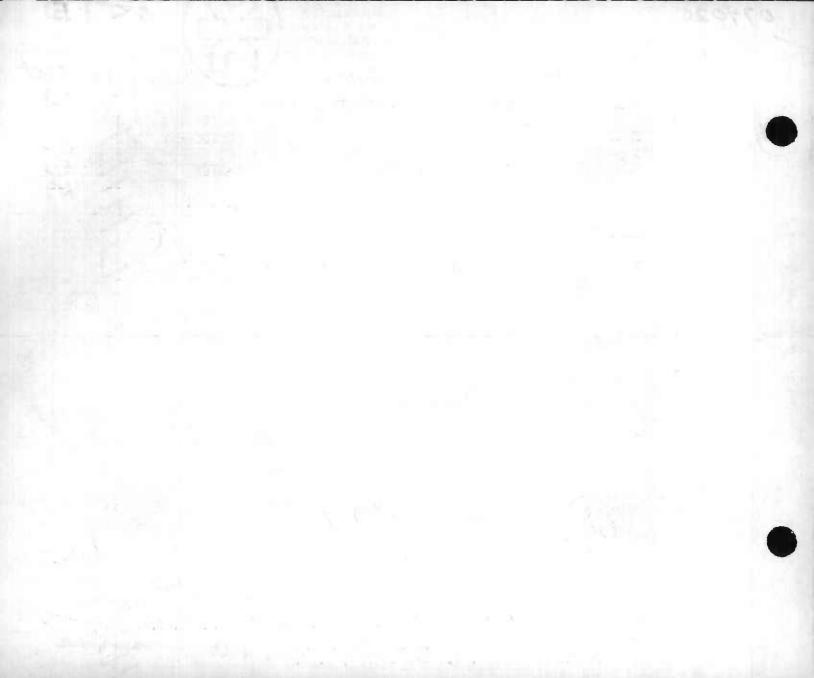


079046		STATE OF MARYLAND	85 08	9 1 3
19	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYD STATE REGISTRAR CERTIFICATE OF DEATH	ANNA JOSEPHI REG. NO.	NE KMETZ
7		CEASED NAME: FIRST MIDDLE LAST	20. DATE OF DEATH MONTH DAY	111
oy be		ANNA J. KMETZ	3 13	OS 7 PM
96 6 4 A	1.58	Finale Thite Warch 27- 1911	73 YRS	NTHS DAYS HOURS MIN.
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by the if	8	ITY OR TOWN ON DEATH 111. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  WHEEL CONTROL OF THE PROPERTY, GIVE STREET ADDRESS.	120 USUAL OCCUPATION ORKING LIFE.	12M KIND OF BUSINESS OR INDUSTRY
AND 21:	13a. :	AL RESIDENCE STATE GIVE RESIDENCE BEFORE ADMISSION) STATE  AVALUE  AVA	130 STREET ADDRESS ZIL CODE	, 99999
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be executor on and cost of states.		WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 17 INFORMANT SES NO OF UNIXNOWN (IF YES, GIVE WAR OR DATES) 177-50-1548 MAKTIN 5. KM	METZ 2311 HUDGEN	
ST., BAL graphicate an paper emaval. event, th		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  RESPINE TORY	ANNEST	APPROXIMATE INTERVAL DETWEEN ONSET AND DEATH  I M ME DIN IE
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NG PHYSICIA offer this certif of the burdet th and Mental arked or them	MEDICAL	21d INJURY OCCURRED  21e PLACE OF INJURY (All HOME STREET, FACTORY OFFICE FARM, ETC.)  21l LOCATION STREET STREET	CITY OR TOWN	COUNTY STATE
TENDIN rital arr rOR. Aft ror use arr or use arr		220 1 certify the (1) (this hospital) attended the deceased from	to 3 13 19 death occurred on the date and hour o	nd from the couses stated
the hasp the hasp at DIRECT erached for the Dept o		The SIGNATURE ATTENDINGS	MEDICAL STAFF DIRECTOR   PHYSICIAN	3/B/8
TO HOSPITA  TO FUNER  should be diving the Sta		22d PHYSICIAN'S NAME (TYPE OR POWE)  Dr. Mort Shapiro		
1446P49	23a 1	BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY  St. Mary's	rayette Co, Uni	lontown, Ta.
DHMH - 16 60M 7/84 (VRA 15, 4)	20/	Takoma Funeral Home. 250 DA 254 Carroll St. N. W	TE REC'D. BY REGISTRAR 256 REGISTRA R & 5 1985	R'S SIGNATURE



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in	1 -	STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	No. 11 Aug	NO		
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Carry 36	130 S MA	RYLAND MONT	GOMERY	SILVER	PRING	13d. INSIDE CITY LIMITS? YES NO 14	13515 MANS	Field R	ROAD 2	0910
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MORE on ond on		VAS DECEASED EVER IN U.S. A ES, NOORUNKNOWN) (IF YES, C	RMED FORCES?	578-12-2		GEORGE KOEHL		SAME A	S ITEM	#13
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FF. B		PART I. DEATH WAS CAUS	SED BY ATE CAUSE (a)	INTR	Acen	repral Hi	Mornh	uge		
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REST e des cation traum		Canditions, if ony, which gave rise to immediate	(b)_							
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DIVISION OF VITAL RECORDS  TO THE CANADA THE TOWN THE	CERTIFICATION	190 DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDIN FYING CAUSES ES []	IGS USED OF DEATH? NO
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of of white of the office of t		URIAL, CREMATION, REMOVA	L 23b. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN IN (TYPE OR PRINT) OF ESTI-MALIG DAZO YEARL DAGE IN YEARS IF UNDER 24 HRS DATE PRONOUNCED DEAD TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia U.S.A. ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 176 USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS OWN HOME Park Avenue, #612 Homemaker Chevy Chase USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS NO [ Maryl and Montgomery Chevy Chase Park Ave 15. MOTHER'S MAIDEN NAME Chesivoir Sarah Fanaroff Bernard 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Robert L. Peskin Son, 4879 Chevy 166 SOCIAL SECURITY NO 578-26-6695 Chase Dr., Chevy Chase, MD 20815 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 id 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 70 AUTOPSY? DEPARTMENT C NO Y 710 EXTERNAL CAUSE WAS 216 TIME OF INJURY THE HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN STATE WHILE AT WORK COUNTY 22a I certify that I took charge of the remains described above, held on Autopsy Undetermined manner SIGNATURE EXAMINER'S NAME 23a BURIAL, CREMATION, REMOVAL 23b DATE King David Mem. Garden Burial 07/84 24 FUTOS EPHORGawler's Sons, Inc., 5130 Wisdons in C'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Avenue, N.W., Washington, D.C. 20016 A. (VR A15 ME (5))

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Page 4 mo director p	- 1	emale IRTHPLACE (STATE ORFO		Cauco CITIZEN OF	Lte LSIA COUNT	S. DATE C	10	21	6 AGE (IN YEAR	YR	MONT	DEATH	HOURS MIN.
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RDS, 201 W. PRESTON ST., BA equires that the death certificate in signed by the attending physic Then please remave carban paper to burial, cremotion, or removal injury, or other traumatic event, it	NO	Conditions, if ony, gove rise to immicouse (o), storing underlying couse	which dedicate the lost.	DUE TO, O  (c)	RAS A CONSI	EQUENCE OF	truct			SCLSS.	GIVEN	44	mate interval onset and death want (
OF VITAL RECO	CAL CERTIFICATION	190. DATE OF OPERATION  210. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	ERLYING []	21b. TIME C	OF INJURY	DAY YEAR			YES TENTER NATUL	IN CE	RTIFYIN YES		NGS USED OF DEATH? NO
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BP		BURIAL, CREMATION, F	REMOVAL	236 DATE 3/13	/85	Cedar F		ematory		arid, Mar			STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		oseph Gawle venue, N.W.						MAR 1	REC'D. BY REC	ISTRAR 25b REC	GISTRAR	SSIGNATI	

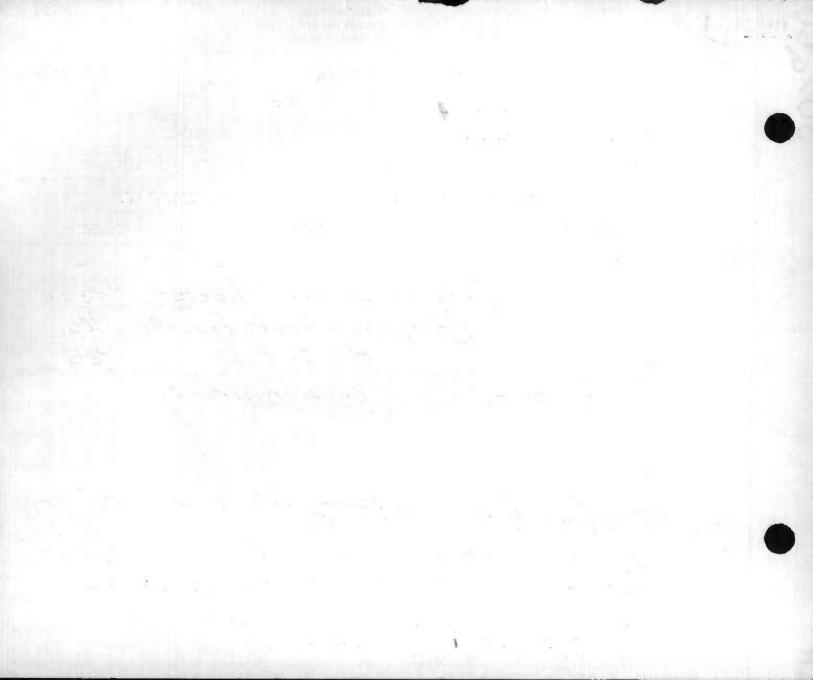
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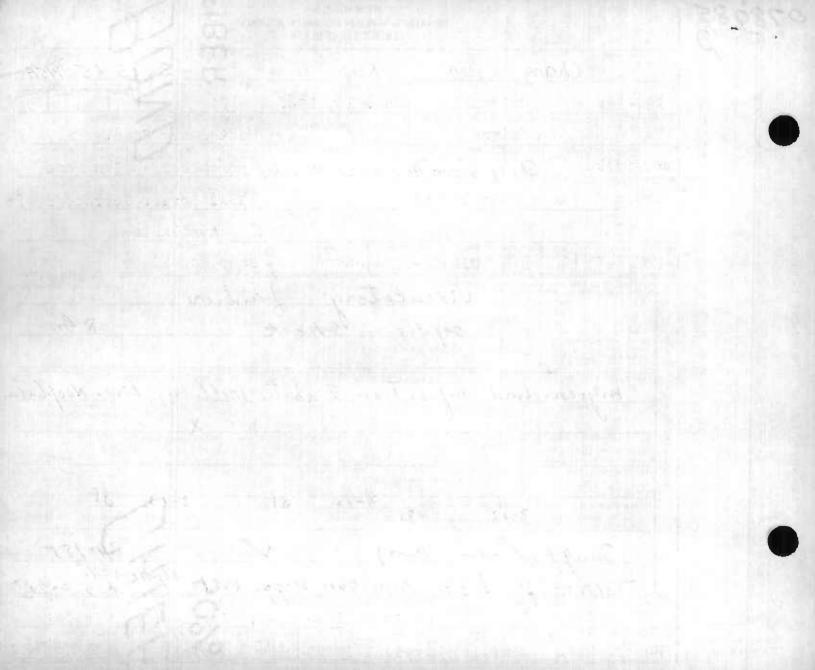
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	3 SE	emale	Oriental V	Feb. 18	V VEAD	5. AGE (IN YEARS LAST BIR			FUNDER 24 HRS
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-101			STATE REGISTRAR		EDICAL EXAMINE		TIFICATE OF	DEATH	3. NO.	
-	1		CEASED NAME	FIRST	MIDDLE	LAST	Kvastad	20. DATE KNOW	N MONTH	DAY YEAR 26 HOUS
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MD.	2000	_	THER'S NAME	WIDDLE	LAST	15	MOTHER'S MAIDEN	NAME		
ORE	SA SA	160 \	Lars	IN U.S. ARMED FORCES?	Kvastad	NO 17	WILL	emina Deerfield	Mola	ina l <del>a. 33442 —</del>
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	HICATION OF THE POPULATION OF		death resulted from		Accident D. Suici			Undetermined manner	,	nion
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07/84	BP			on 3/11/85	23c NAME OF CEMI Cedar		rematory	3d. LOCATION	d, Maryl	
25M	DHMH - 17	24 FI	NERATORE OF V	Vheeler Funera kville Pike, Roc	Home, Inc.	050	250. DATE REC	D. BY REGISTRAR 25b F	a. was	50
(/	VR A15 ME (5))		1991 KOG	kvine Pike, Roc	kviiie, Ma. 20	852	<u> </u>	1 5 1985 34	dia Davida	an-Handrick

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E E	TAN TAN		NO. OK ONKNOV	WN) [IF YES, GIVE	WAR OR DATES)	275-30-2	108	ELIZABE	TH E. VANCE		DETRI	CK AVE.	
	DIN WIT		18 CAUSE OF	DEATH (Enter on	ly one couse per lin	e for (o), (b), ond (c).)					APPROX	MATE INTERVAL	
2	ERW FERW AL		PARTIDE	ATH WAS CAUSE IMMEDIA	D BY: TE CAUSE (o)	Intracereb	ral h	emorrhage			SETWEEN	NISET AND BEATT	
STO	IN 24 H IN ITEN R ALON USIT PER HYGIEN		-		DUE TO, OI	R AS A CONSEQUENCE							
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	PENDING" IN FRENDING" IN FORDING" IN FORDING EXAD AS A BURIAL HEALTH AND MIL, CREMATION,	NO	PART 2 DIHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL OISEA	SE OR CONDITION GIVEN IN PA	ART 1 id				
ITAL RE	ICATE SHOULD BE THE WORD "PENGLOD THE CHIEF MED OULD BE USED AS TIMENT OF HEALT RTO BURIAL, CRE	CERTIFICATION	19a DATE OF	OPERATION	196 COND	ITION FOR WHICH OPE	RATION V	VAS PERFORMED?			26 HEA	(YJNOYO	
OF V	NEN BENTE	E E	21a EXTERNA		216 TIME O	OF INJURY	21c. H	IOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR P			
NO	PRIMITE THE STANDARD THE STANDA		UNDERLYING CONTRIBUTIN	IG CAUSE OF									
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	DIRE WITH		CARROLL	Ala		1/ 10		TITLE (SPECIFY)					
	ETHE CERT SHOULD I SHOULD I ERAL DIRE EATH, WIT	1	ACTUAL SIGNATURE_	1400	100010	regnew	^	A.D. Assista	nt MEDICAL EXAMINE	R SIGN	ED 3-1	8-85	
	EDIC SET OF SET		EXAMINER'S N	NAME Man	garita A	Korell,M.	n	111	Penn Stree	+			
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO EUNERAL DIRECTOR: AFFER DEATH, WITH THE S BALTIMORE, MARYLAND,		(TYPE OR PRIN	11/				ADDRESS		L			
		23a.B	SPECIFY)	ION, REMOVAL		23c. NAME OF C			23d. LOCATION CITY OR TOWN		YIM	STATE	
07/B4 25M	BP	24 F	CREMA		3-19-1985	CHAMBE	KS CF	REMATORY 1250, DATE	RIVERDAL	E P.G.	Can M	<u>.                                    </u>	
	DHMH - 17 (VR A15 ME (5))		NAME		ADDRES	STITED CEN	TRIC	MAR	22 1985	MAT ACREM TARRES	A. O. O. C.	<b>\$</b>	
	(survisione (s))		W. V	TAPEDENS	CO. TIAC.	SILVER SPR	LING	MO					



## 079007

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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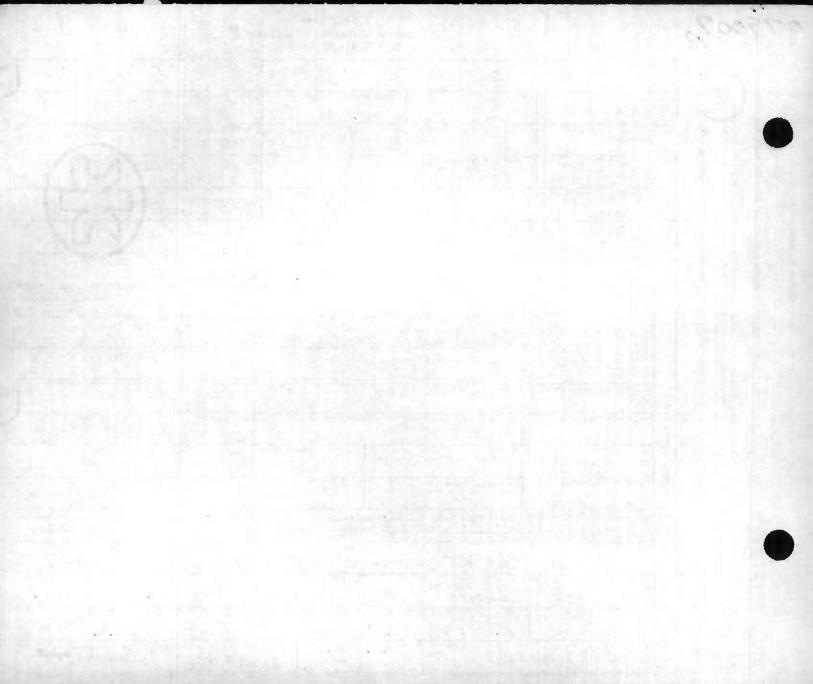
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1	OTNEY			11. NAME OF HOSPITAL, NURSING HOME OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  MONTGOMERY GENERAL				NOITUTION	ON 170 USUAL OCCUPATION 175. KIND OF BUSI ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Bank				
	13a. S M	aryland M	P COUN		13c. CITY OR Wheat	TOWN	13d INSIDE C	NO 🗌	12928	DDRESS / ZIP Co Georgia		209	06
9		THER'S NAME FIRST Stanley		NODLE		iler	S	FIRST usan	ME	WIDDIE		Henr	у
		(AS DECEASED EVER IN ES, NO OR UNKNOWN) N/A	AED FORCES?  WAR OR DATES)  A		4-9683		17 INFORMANT ADDRESS Peter F. LaRose-husband-(sa			ame as 13e)			
	7	Conditions, if any, w gove rise to immed couse (a), stating	which diate the last	DUE TO, OF	Carde  RAS A CONSI  RAS A CONSI  DINTRIBUTING	EOUENCE OF	logner	ar Leus TO THE TERM	kennia L	en Blasti		5 m	in. resks
)	CERTIFICATION	190 DATE OF OPERATIO	N	196 CONDI	TION FOR WI	HICH OPERATION	ON WAS PERFO	RMED	20a AUTO		YES, WERE FI RTIFYING CAU YES	JSES OF D	
	MEDICAL CER	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CALL OF EITHER NOTIFY MEDICAL 21d IN JURY OCCURRED WHILE NOT WHILE	EXAMINER	P./	M. MONTH M.	DAY YEAR 19		3		CITY OR TOWN		7 2)	STATE
		220.1 certify that (I) (R) saw the descosed obove, (I) (We) (Id)	E ITYPE OR	PRINT) LOD	ofter death.	M.D.	220 ADDRES	TIENDING PHYSICIAN S	MEDICAL DIRECTOR D andy Sp	STAFF PHYSICIAN	22x D	that (  the couse  DATE SIGN  ney,	85
	23a B	URIAL, CREMATION, RE	MOVAL	236 DATE			CEMETERY OR	REMATORY	23d LOCAT	TION	COUNTY		STATE

74 FUNERAL DIRECTOR
Hines/Rinaldi Funeral Home DHMH - 16 60M 7/84 (VRA 15, 4)

Lee's Crematory 11800 N.H. Ave.,

Silver Spring, Md.

Washington, D.C.



STATE OF MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Hines Rinaldi Funeral Home

23a. BURIAL, CREMATION, REMOVAL 23b. DATE

Burial

Tibor E. Frekko, MD.

11800 N.H. Ave., Silver Spring, Md.

23c NAME OF CEMETERY OR CREMATORY

Mar. 13, 1985 Parklawn Cemetery

250. DATE REC'D. BY REGISTRAN'S REGISTRAN'S SIGNAHIO

19211 Montg. Village Ave., Gaithersburg, Md.

Rockville

26 HOUR 9:34

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

own home

Young

COUNTY

Montgomery

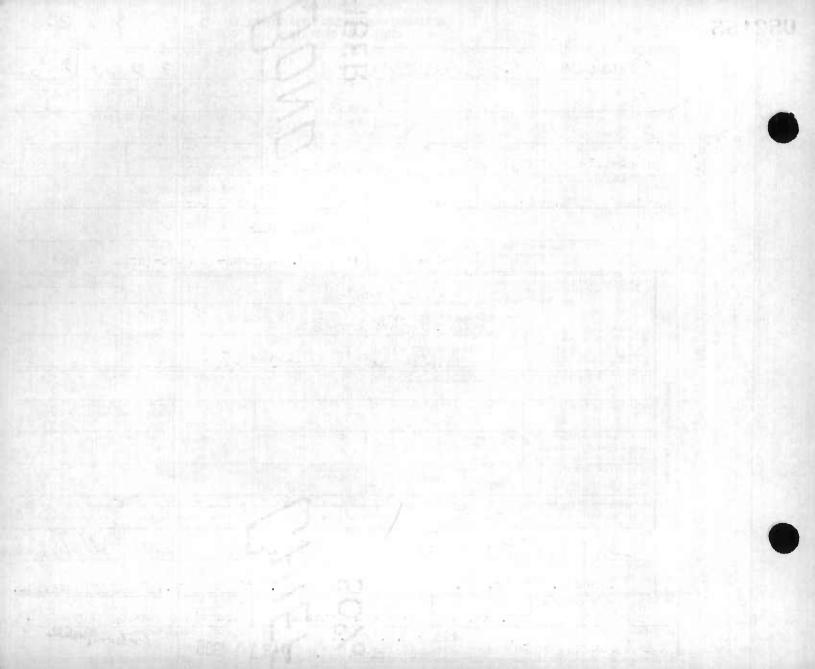
22c DATE SIGNED

STATE

IF UNDER 24 HRS

20872

IF UNDER I YEAR



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2a. DATE OF DEATH

REG. NO

YEAR

2h HOUR

MONTH

28

IF UNDER I YEAR

9. BALTIMORECITY OR, COUNTY OF DEATH

INDUSTR

STNGFR-ITNK

13e.STREET ADDRESSa/ ZIP CODE

ADDRESS

MIDDLE

DAWSON wife

206 IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?

MARY S. LARUF SAME APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

200 AUTOPSY? NO

CITY OF TOWN

COUNTY

STATE

NO I

MARCH and that in (my) (our) apinion death accurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

22c DATE SIGNED 3/27/85

PHILOS LODGE CEMETERY

23d LOCATION WESTERNPORT ATLEGHENY TATE

20904

REGISTRAPIS DIGNATUR

24. FUNERAL DIRECTOR FRANCIS J. COLLINS DHMH - 16 50M 4/83

(VRA 15, 4)

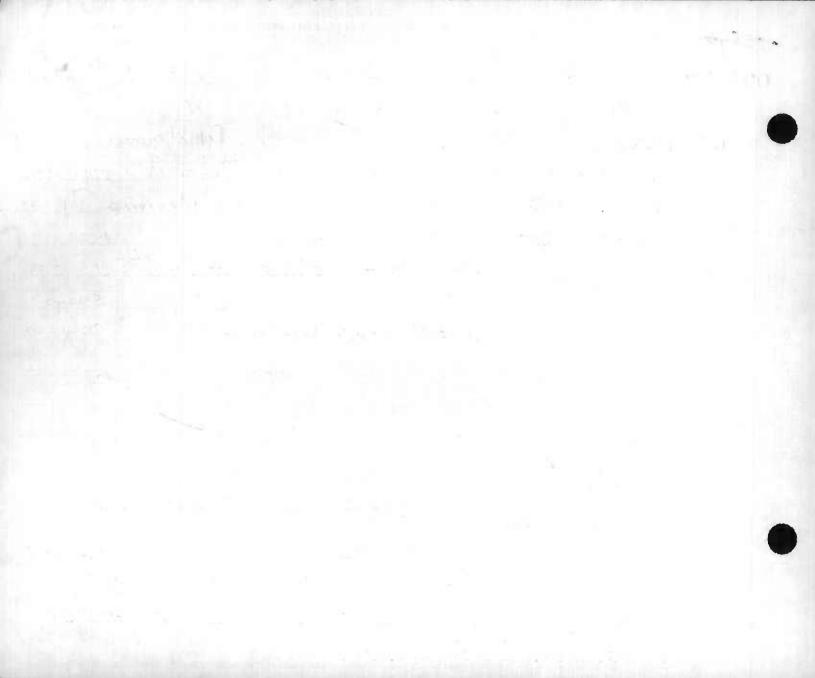
FOR

REGISTRAR

L DECEASED NAME

- STATE

500 UNIV. BLVD., W., SILVER SPRING, MD. 20901



FOR STATE REGISTRAR

## STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.

8925

DECEASED NAME	FIRST	MIDDLE	L/	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR			
	WARD	E	L	ATTIN	MARCH :	28, 1	985	м			
3 SEX	4	RACE	5. DATE O		6 AGE (IN YEARS LAST BIRT	(HOAY)	MONTHS DATE	IF UNDER 24 HRS			
MALE		CAUCASIAN		/ 30.1905	79	YRS	MONTHS DATS	HOURS MIN.			
BIRTHPLACE (STAT		CITIZEN OF WHAT COL	JNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH				
MICHIGAN		U.S.A.	WIDOWE		MONTO	GOMER	2V	MD.			
CITY OR TOWN OF	DEATH 11	I. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GIT		ROTHER INSTITUTION	120 USUAL OCCUPATE	ON	12b. KIND C	F BUSINESS OR			
STLVER ST	PRING		J. BLVD. WE	EST	LAW		int) INDOSTRI				
SUAL RESIDENCE IF	NURSING HOME OF OT	HER INSTITUTION GIVE RESIDEN	CE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		)E	THELLIAN			
MARYLAND	MONTGO			YES XX NO	1131 UN			2090			
FATHER'S NAME	AAII	DDLE L	AST	15 MOTHER'S MAIDEN NA			LAS				
ELMER		LATTI	IN	FIRST	UNKNOWN		LAS				
WAS DECEASED E			AL SECURITY NO.	17 INFORMANTDAUGH	TER ADDRE	2608	HENDERS	ON AVENL			
NO	, (IF TES SITE V		0-2903	DIANE L. L	ATTIN, WHEA						
IS CAUSE OF D	EATH (Enter only	one cause per line for ial,						MATE INTERVAL			
PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (6) Car Drae Fra 7288											
1000000	DUE TO, OR AS A CONSEQUENCE OF										
	Conditions, if any, which (16) Coronary Hart Disease										
cause (a), s	gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF										
underlying co	underlying cause lost (c)							0.2			
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0										
190 DATE OF OPI											
MIND DATE OF OPI	RATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b IF YE	ES, WERE FINDING CAUSES	OF DEATH?			
					YES NO	1 Y	res 🗌	NO 🗆			
00.00012010112010	CAUSE OF DEATH	HOUR A.M. MON	TH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)				
		P.M.	19								
(IF EITHER NOTIFY	MEDIC AL EXAMINER)	P.M.	.,,	<u></u>							
(IF EITHER NOTIFY	URRED	21e PLACE OF INJURY		21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE			
214 INJURY OCC					CITY OR TO	WN	COUNTY	STATE			
(IF EITHER NOTIFY  21d INJURY OCC  WHILE AT WORK  220.1 certify tho	URRED  IT WHILE WORK  WORK  This hospital	21e PLACE OF INJURY	OFFICE FARM, ETC.)	5TREET	, to3	221	, 19.85	that (I) (we) last			
21d INJURY OCC  WHILE NOR  220.1 certify the	URRED  IT WHILE WORK  WORK  This hospital eased alive an	21e PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE FARM, ETC.)		, to3	221	, 19.85	that (I) (we) last			
21d INJURY OCC  WHILE NOR  220.1 certify the	URRED  IT WHILE WORK  WORK  This hospital eased alive an	21e PLACE OF INJURY (AT HOME STREET, FACTORY, ) attended the deceased	OFFICE FARM, ETC.)	19 3 d that in my (aur) apinion	, to3	221	, 19.85	that (I) (we) last			
(IF EITHER NOTIFY 21d INJURY OCC  WHILE AT WORK  270.1 certify tho  saw the decobove, (1) (w	URRED  IT WHILE WORK  WORK  This hospital eased alive an	21e PLACE OF INJURY (AT HOME STREET, FACTORY, ) attended the deceased	OFFICE FARM, ETC.)	d that in my (aur) apinion	, to3	ite and ha	, 19.85	that (I) (we) last			
21d INJURY OCC  WHILE AT WORK  220. I certify tho  saw the decobove, (1) (w	TURRED  IT WHILE  WORK  This hospital  eased alive an  e) (did) (did not) y	21e PLACE OF INJURY (AT HOME STREET, FACTORY, ) attended the deceased	OFFICE FARM, ETC.)	d that in my (aur) apinion EGREE  ATTENDING PHYSICIAN (22e ADDRESS	, to	te and ha	ur and from the	that (II) we) lost causes stated			
VI (IF EITHER NOTIFY 21d INJURY OCC  WHILE ATTHOR  220.1 certify the saw the decobove, (1) (w 22b. SIGNATURE	TURRED  IT WHILE  WORK  This hospital  eased alive an  e) (did) (did not) y	21e PLACE OF INJURY (AT HOME STREET, FACTORY, ) attended the deceased	OFFICE FARM, ETC.)	d that in my (aur) apinion DEGREE  ATTENDING PHYSICIAN	, to	te and ha	ur and from the	that (II) we) lost causes stated			

DHMH - 16 60M 7/84

BP

should be detached for use as with the State Dept of Health TO FUNERAL DIRECTOR:

(VRA 15, 4)

BURTAL

PARKLAWN CEMETERY

FRANCIS J. COLLINS 24 FUNERAL DIRECTOR 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

RY ROCKVILLE MONT MD 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE APR 1 1085 Lie Davidson-Rondon

0.17.0

1301 (23) 1021

600 New Hampstite Averue 1. . Mast., D.C.

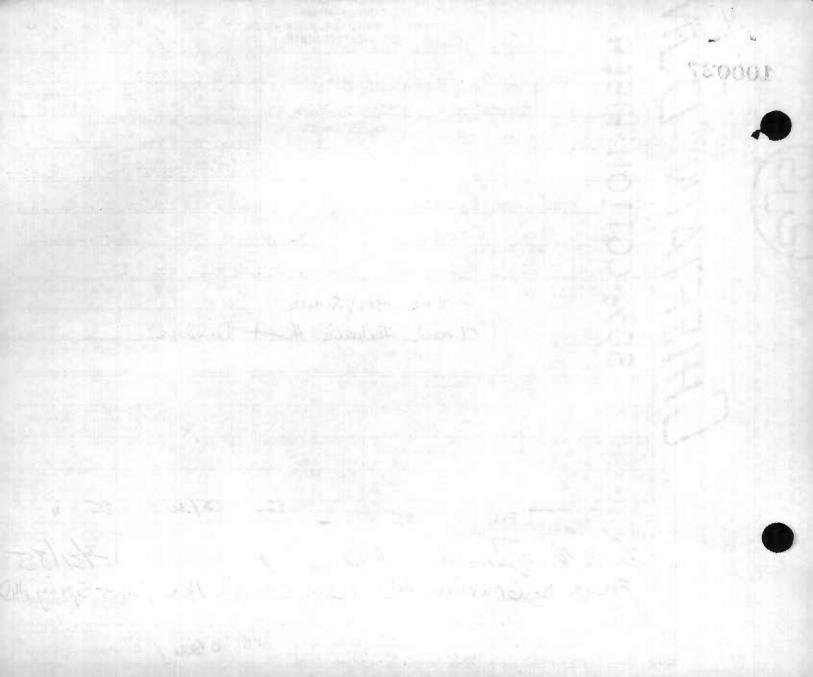
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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	91/11	NEO IOTA						REG.	NO		
7		CEASED NAME	FIRST		MIDDLE		IAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	Cleo			Fra	anklin	L	avton	March 30	, 1985		9:35 am
	3 SEX			4 RACE			OF BIRTH	6 AGE IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS
l		Male		Caucas	ian	July		68	YRS	MONTHS DATS	HOURS MIN.
1		THPLACE ISTATE OF F	OREIGN		WHAT COUNTRY	2 8		9 BALTIMORE CITY OR COUNTY OF DEATH		Y OF DEATH	
		ountry) nnsylvania		United	States	WIDOWE	DXX NEVER MARRIED	Manhaana	C	Aug Masama	244 E
		TY OR TOWN OF DEA		11, NAME OF	HOSPITAL, NURS	NG HOME	OR OTHER INSTITUTION	Montgomer	ATION	126 KIND C	OF BUSINESS OR
ı		Datha - Ja			JCH FACILITY, GIVE STREE			Administr	Istant	INDUSTRY	Interior
t	USUA	Betbesda	NG HOME OF	R OTHER INSTITUTIO	an Hospi	RE ADMISSION					Intello
89	130 S Mar		lont g	omery	Rockvil		134 INSIDE CITY LIMITS?	13e STREET ADDRES			20852
		THER'S NAME			1100		15 MOTHER'S MAIDEN NA	ME			
1		Cleo		Gay	Layton		Mabel	WIDDLE		Burgst	resser
t		AS DECEASED EVER	NUS. AF	RMED FORCES?		URITY NO.	17 INFORMANT	ADI	DRESS	202 500	20001
1	ye	ES, NO OR UNKNOWN)	(IF YES GI	VE WAR OR DATES)	223 60 6	5454	Janet B. Lay	ton, wife	see #	13	
ľ		18 CAUSE OF DEATH	1 Enter a	nly ane cause pe	er line lar (a), (b), a	nd (c)				APPROX	OMSET AND DEATH
ı		PART I. DEATH W		ED BY TE CAUSE (a)	Cardine	W.	man Harris				
	100			DUE TO,	OR AS A CONSECU	JENCE OF	having How	I D.	3.70		
	3	Canditions, if any, gave rise to imm		(b)_	Chronic	- Jec	hours Herr	of Viseu	200		
1		couse (a), stating	g the	DUE TO, O	OR AS A CONSEQU	JENCE OF					
1				16,							
4	Z	PART 2 OTHER SIGN	IFICANT	CONDITIONS <u>C</u>	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	ONDITION GI	IVEN IN PART 1	O
d	CERTIFICATION	190 DATE OF OPERAT	ION	19b CON	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDI	
١	THE							YES T NO		IFYING CAUSES	NO
1	CER	210. ACCIDENT WAS UND			OF INJURY	NAV WE 1 =	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM 18	PART I OR PART 2)	
1		OR CONTRIBUTING C		AIN	A.M. MONTH ( P.M.	DAY YEAR					
1	MEDICAL	21d INJURY OCCURR		21e PLACE	OF INJURY		211 LOCATION				
	ME	WHILE NOT WH	ILE []		TREET, FACTORY, OFFICE	FARM, ETC )	STREET	CITY OF	TOWN	COUNTY	STATE
		220   certify that (I)		all attended t	he deceased from		10 87	. 3/	2/)	10 80	shee A from 1
		saw the decease	d alive ar	Feb	19	2	nd that in term (aur) apinian	death accurred on the	date and ha		that (we) last
		above # (we) (c	did no	at) view the bad	y after death.		DEGREE		20.0 3.0 .10		
ı		18	N.	77		11	ATTENDING	MEDICAL S	TAFF	22c. DATE	SCHED
1		100	AA TONOT	flee	em	M	PHYSICIAN D	DIRECTOR   PHY	SICIAN [	75	4185
1	1	E	TYPE C			MID		. n	-	1 0	
ļ	40	Trank	N			MI		erosice /te	re,	21/10/	prus 14
I		URIAL, CREMATION, I	REMOVAL				EMETERY OR CREMATORY	ZIS LOCATION CITY OR TOWN		COUNTY	STATE
L				Apr.2,			Mill Cemeter				
	24 FU	NERAL DIRECTOR RO	bert	A. Pun	phrey Fu	neral	Homes PA 250. DA	PR'D. BY SECUSTR	AR 256. REGIS	TRAR'S SIGNAT	URE
		Word Mond					20850	0 130	11 000	a transcription r-	-Markage

20850

300 West Montgomery Ave Rockville, Md.



24.	1.	FOR I.J.	. TIM Rods	DEPAR	TMENT OF HE	OF MARYLAND ALTH AND MENTAL H	YGIENE 0 5	0 8 9	27
087012		REGISTRA ALSO	herst.	-Lee Yu Hu	ngCERTIFI		REG. NO.	ITH DAY YEAR	26 HOUR
1 31	{TYPE	OR PRINT)	14000	HUNG	1	ec ec	03	14 85	3:10Am
2-(1)	3 SEX	. 1 .	A RACE	ntel 4	5 DATE O	BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DATE	
0/47		RTHPLACE (STATE OR FO		OF WHAT COUNTRY	/? 8 MARRIED WIDOWE	X NEVER MARRIED	9 BAITIMORE CITY OR CO		AAD
10 mm	Si	IVER SOR	TH II, NAME		ING HOME O	ROTHER INSTITUTION	Laundry owne	12b. KIND INDUSTR	of Business or O Laundry
AND 212	13e S		Montgomer	130 CITY OR TO	WN Y	13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIF	CODE	20904
MARYLL ted within ompletely ond 2 sh		THER'S NAME FIRST Hai	MIDDLE Kai	Lee		15. MOTHER'S MAIDEN N	NAME Ngan		uey
be executor on and control of con		AS DECEASED EVER I ES NO OR UNKNOWN) NO	IN U.S. ARMED FORC (IF YES GIVE WAR OR DAT	(ES)		Sen How Lee	(Wife) Same a		
ST., BAL ertificate ng physica ban paper removal.			I Enter only one cous AS CAUSED BY: IMMEDIATE CAUSE (	e per line for (a), (b), a	balde	Acidoni		SETWEE D4	n onset and death - 4 fh.
RESTON e death c ottendil mave corl otten, or		Conditions, if ony,	which	O, OR AS A CONSEQ	UENCE OF	Parliere		me	months
s that this state that the soleose rei		underlying cause	last (6	O, OR AS A CONSEQ					
law require. s been signifered Then permit Then permit about sony injury.	ATION	PART 2 OTHER SIGN	almia	ONDITION FOR WHICH	elsos	Vasanla	RMINAL DISEASE OR CONDITION  ACCURATE  200 AUTOPSY? 200	ON GIVEN IN PART  b. IF YES, WERE FIND	
TAL REC	CERTIFICATION			ME OF INJURY	n OPERATION		YES NO	YES	ES OF DEATH?
N OF VI	MEDICAL CE	710. ACCIDENT WAS UNDI OR CONTRIBUTING C.	AUSE OF DEATH HOU	R A.M. MONTH P.M.	DAY YEAR		JRRED (ENTER NATURE OF INJURY IN	TEM 18 PART 1 OR PART 2)	
DIVISION ING PHEST After II os the Difficult one Mith one	MED	21d INJURY OCCURR  WHILE NOT WHI AT WORK	(AT HO)	ACE OF INJURY ME STREET, FACTORY, OFFICE	FARM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTENDIA spital or CCTOR: A I for use of Healt		saw the decease	(this hospital) attended d alive an 3 id) (did not) view the	13/85 10	3/7	that in (my) (aur) apinio	toto	ind hour and fram th	that (I) (we) last ne causes stated
AL OR Y y the ho val DIRE: detached detached detached	3	226. SIGNATURE	Hem	مح	D	EGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	-	TE SIGNED
TO HOSPITA retained by TO FUNERA should be di with the State MAPORTAN		H.S.	PUA	R)		12450 /	ark lown	Dr. Ro	chille
BP	(;	URIAL, CREMATION, F SPECIFY) I <b>rial</b>				METERY OF CREMATOR	Suitland, P	r.George	Co., MD
	24 FU	NERAL DIRECTOR		4th St.,N		25e D	ATE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNA	ATURE
(VKA 13, 4)					J, Habite	MAR 9	1 1985	undson-Manag	1

the land the converse bliver swing a lift - Danage bridge story

Jacob 17, '50 sughin for om tional

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77-(-7-) -- I -- (-1-e) | I -- (-7-) -- (-1-e)

Seunda Conner C. co Invited

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH TYPE OR PRINTS FEMALE IF UNDER 24 HRS 78 1906 AUGUST Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED **BALTIMORE CITY OR COUNTY OF DEATH** TO BIRTHPLACE ISTATE OR FOREIGN NEW YORK U.S.A. acme WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OFFEER CLERKING ( FE) STORE SIVE RESIDENCE BEFORE ADMISSION) IN PRINCE 138 STREET ADDRESS / ZIP CODE ----20782---2502 VAN BUREN STREET 13d INSIDE CITY LIMITS? NO T HVATTQUILLE GEORGE'S 15 MOTHER'S MAIDEN NAME 14, FATHER'S NAME ISRAE! TERST MASEYAV MIDDLE LEFKOV BELLA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 6708 WEST PARK DRIVE NO ES. NO OR UNKNOWN ( IF YES, GIVE WAR OR DATES) 067-20-2123 SAMUEL LEFKOV, WEST HYATTSVILLE, MARYLAND TE CAUSE OF DEATH (Enter only one couse per life for in), the and in IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate coose int. stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I I G ATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h. IF YES, WERE FINDINGS USED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART TOR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a I certify that (I) (this haspital) attended the sow the deceased alive on and that in (my) (our opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTAN 224 PHYSICIAN'S NAME 22e ADDRESS the th 230 BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE CITY OR TOWN BURTAL 3/15/1985 KING DAVID MEMORIAL GARDEN FALLS CHURCH. VIRGINIA

24 DONALDREMOR STEIN HEBREW MEMORIAL FUNERAL HOME

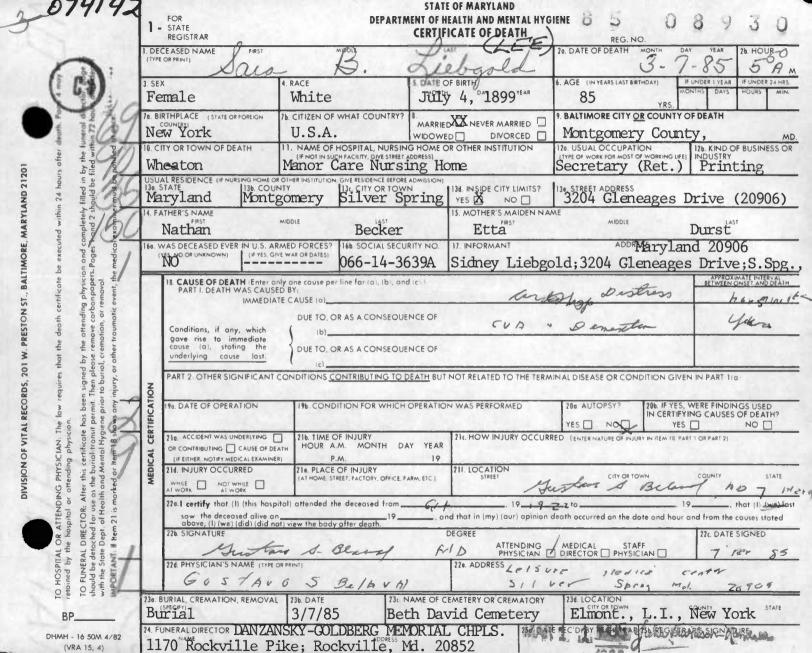
232 CARROLL STREET. N. W. WASHINGTON. D. C.

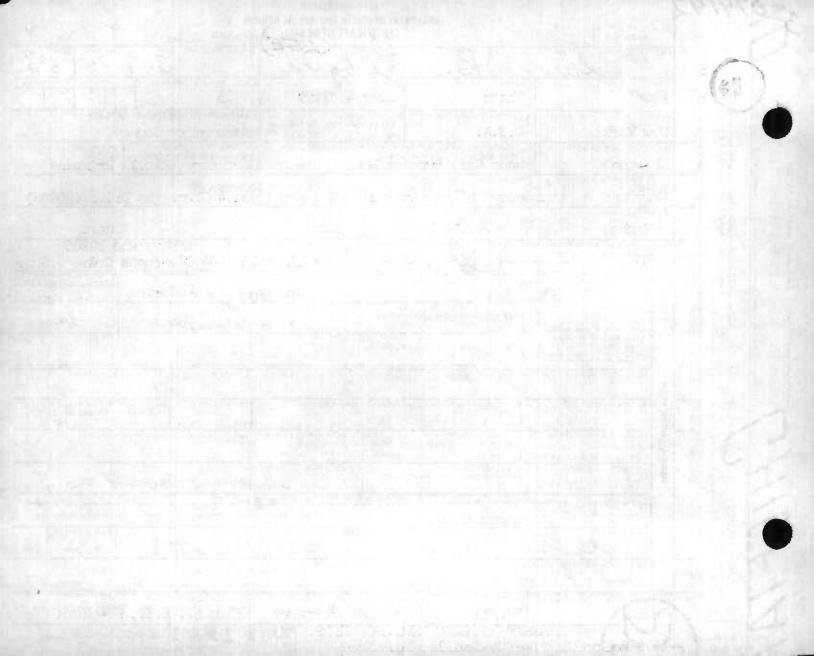
DHMH - 16 50M 4/83

(VRA 15, 4)

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A 8000	{TYPE	LULA	RST A DAGE	WIDDLE	Leu	)15	20. DATE OF DEAT	3 4	F UNDER I YEAR	26 HOUR  WHO THE PROPERTY OF T
0.00	3. SE	Female	4 RACE E	Black	MON 5	200401 YEAR	83	YRS	ONTHS DAYS	HOURS MIN.
Jeoth. Po	0	RTHPLACE (STATE OR FORE) RUNIRY) Klahoma	USA	F WHAT COUNTRY?	WIDOWER		9. BALTIMORE CIT	Tgom	ery	MD.
by the filled with	10 C	e thesda	(IF NOT IN SI	FHOSPITAL, NURSIN UCH FACILITY, GIVE STREET		^	128 USUAL OCCUP (TYPE OF WORK FOR MC	ST OF WORKING LIFE	INDUSTRY	Worker
filled in by rould be file	130 S				N 13d	INSIDE CITY LIMITS?	130 STREET ADDRE	ss / zip code	999 S Ave	N.W.
MARYL, mpletely and 2 sh	14. F/	THER'S NAME FIRST	MIDDLE	Lewis		MOTHER'S MAIDEN NA FIRST  LINKNOS	MIDDI		LAST	
IMORE,		VAS DECEASED EVER IN L	J.S. ARMED FORCES? Fyes, GIVE WAR OR DATES)			INFORMANT Francine		5232 T	llinoi	s Ave NV
Trificate by the physicial		18 CAUSE OF DEATH IE PART I. DEATH WAS	inter only one couse pi CAUSED BY. MEDIATE CAUSE (o)_	er line for (a), (b), and	- n	mongares	ヤ			MATE INTERVALINISET AND DEATH
PRESTON S he death cer e attending emation, or re		Conditions, if any, w	nich ( (b)_	OR AS A CONSEQUE	Enuta	to Dely	letin		10	monte
W. or the		gove rise to immedicouse (a), stating underlying couse l	ost.	OR AS A COREOUR	rast	ans	mos	Jul 10	90	worths
RDS, 201 equires the signed to Then pleater to buriol	NO	PART 2. OTHER SIGNIFICANT	hoch	CONTRIBUTING DE	John	Pull Pull	the De	cululi	DI IN PART 110	
AL RECORDS, the low requirence in permit. Then the permit. Then then prior to be made in permit.	CERTIFICATION	NO DATE OF OPERATION	1 1% CON	DITION FOR WHICH	OPERATION W	AS PERFORMED	29€ ABTOPSY?	786. IF YES, IN CERTIFY YES	WERE FINDING FING CAUSES (	GS USED OF DEATH? NO
SICIAN 1 ng physic certificate miol-trans entol Hyg		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	AY YEAR	HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18 PA	ART 1 OR PART 2)	
DIVISION OF VIR	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	LAT HOME S	E OF INJURY STREET, FACTORY, OFFICE F		LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
ATTENDING OF CTOR. Afforuse of Not Health in 21 is mo		220.1 certify that (1) (the sow the deceased a above, (1) (we) (dtd)	live on	the deceased from 19 S	, ond th	nat in (my) (OUT) opinion	death occurred an th		and from the c	
OR A Te how DIREI		22b. SIGNATURE	Au 1	Don	DEG	ATTENDING PHYSICIAN	MEDICAL DIRECTOR   PH	STAFF YSICIAN []	Male S	\$ 1985
O HOSFIT Talled by Talled by The St		224 PHYSICIAN'S NAME	(TYPE OR PRINT)	0	22	e ADDRESS				
999999		BURIAL, CREMATION, REA (SPECIFY) Cremat			ort Li	tery or crematory nooln	23d LOCATION CITY OR TO	rentwo	odniv	Md <sup>TATE</sup>
DHWH - 16 50W 4/83 (VRA 15, 4)	24 F	UNERAL DIK_TOR NAME  AWRENCE	W. Plun	kett ADDRESS	619-1	. 41	TE REC'D. BY REGISTI	1 5	RAR'S SIGNATU	





	1						STATE	OF MARYLAND				
0821564	Ĺ	FOR STATE REGISTRAR					CERTIF	CATE OF DEATH	REG		8 9	3
		CEASED NAME E OR PRINT)	FIR51		MIDDLE		17	sf	20. DATE OF DEATH	MONTH DA	Y YEAR 21	HOUR
ge 3			ele		S	Li	ndau	ist	3-6-85		4	:05 pm
a d	3 SE			4 RACE			. DATE O		6. AGE (IN YEARS LAST			FUNDER 24 HRS
96		Fema <b>le</b>		White			Apri.	1 20 1886	98	YRS	DATS	OURS MIN.
on of the post		IRTHPLACE   STATE OF	FOREIGN	76 CITIZEN OF				NEVER MARRIED	Montgome	_	F DEATH	
P I		Norway	ATH	II. NAME OF	HOSPITAL		HOMEO	DIVORCED TO ROTHER INSTITUTION	120 USUAL OCCUP		12b. KIND OF E	MD.
5 6/0		ockville			CH FACILITY, G	IVE STREET AD	DRESS)		Honamake:			
201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 sthot the death certificate be executed within 24 hours need by the attending physician are compensated. The please remove carbon partiers to please remove carbon partiers to tremonal.  V. or other traumotic events the production of the	130.	AL RESIDENCE (# NURS STATE Md .	13b. COU		13t. CITY (	OR TOWN	. 1	134 INSIDE CITY LIMITS? YES NO	13e.STREET ADDRES		20853	
AARYLA d within	14. F.	ATHER'S NAME FIRST		WIDDIE		last <b>umann</b>	/	15 MOTHER'S MAIDEN NA FIRST Stefanie	ME		LAST	
uì à	16a '	WAS DECEASED EVER	IN U.S. Al	RMED FORCES?		AL SECURI		17. INFORMANT	ADI	DRESS Port	Charla	te. Ma.
ž i j		YES, NO OR UNKNOWN)		VE WAR OR DATES	-	-62-2	-					
a se	-							Lillian Voge	1. 109 N.V	• Carll	SIE AVE	TE INTERVAL SET AND DEATH
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RES nove ario	1	Conditions, if ony		(b)_	ale	JA.	eis	nero la	sease		1	ars.
there is the state of the state		cause (a), statis		DUE TO, C	R AS A CO	MSEQUEN	CE OF					
ol by the state of				(c)_								
	z	PART 2 OTHER SIG	NIFICANT	CONDITIONS C	ONTRIBUTI	ING TO DE	ATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	ONDITION GIVE	IN PART 110	
or read of the rea	CERTIFICATION	19a DATE OF OPERA	TION	101 50115	UTION COD	14/11/611 0	DEDATIO	N WAS PERFORMED	Tan AUTODEVA	Tank IE VEC	WERE FINDING	C. 1105.0
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ATTE Spire CTC d for n 21	1	ODOVE, (I) (MB)	ed alive or	ot) view the body	ofte deat	h. 19		d that in (my) (Aux) opinion	death accurred on the	dote and hour o		
OR OR PER PER PER PER PER PER PER PER PER PE		226. SIGNATURE	no i	JMI	1/0			DEGREE	AMEDICAL	TACC	22c. DATE SK	GNED
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5 € 5 € 3 ₹	23a.	BURIAL, CREMATION,	REMOVAL	23b. DATE	- 0 -			METERY OR CREMATORY	23d. LOCATION		r manage	STATE
BP		Cremati	on	3/8/1				Lll Crematory	Suitlan	d Mar	land	SIMIE
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Joseph Awler's one Inc. 51,00 inc. v., ... anh., i.v.

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE

OF DEATH	REG. NO.			
	20 DATE OF DEATH MONTH	DAY	YEAR	26 HOUR
	March 17 198	35		Q AM

DEFECTATION   THE   TH	1	FOR STATE REGISTRAR				IEALTH AND MENTAL HY	GIENE REG. NO.	0 8	7	5 2
SEX   RACE   White   Sole of BBTN   A GE INTERNAL BENDEN   ROBERT   ROBER			FIRST	WIDDLE		LAST		NTH DAY	YE AR	26 HOUR
Male    Male	( )	THE ORPRINT)	Ernest	TATATAT	Lips	comb	March 17	1985		Q JAM
Male White Aug 14 1896   Saltimore city or country   Baltimore city or country of Death   Washington D.C. U.S.A.   Marked hospital, Nursington D.C. U.S.A.   Marked hospital, Nursington D.C. U.S.A.   Montgomery   M	3. 5	SEX		RACE			6 AGE (IN YEARS LAST BIRTHDA			
Washington D.C. U.S.A.   MARRED   NEVER MARRED				White	Aug	14 1896	88		DAYS	HOURS MIN.
Washington D.C. U.S.A.  Wooded to the control of th	70.	BIRTHPLACE (STATE	OR FOREIGN 7	b. CITIZEN OF WHAT CO	DUNTRY? 8	D NEVER MARRIED			ATH	
USDAY RESIDENCE IF PURPOSED AND COUNTY   136 CTY OF TOWN   136 C	W:	ashingto	n D.C.	U.S.A.			Montgome	ry	1000	
USDAY RESIDENCE IF PURPOSED AND COUNTY   136 CTY OF TOWN   136 C	10 G		1	11. NAME OF HOSPITAL	L, NURSING HOME ( GIVE STREET ADDRESS)		(TYPE OF WORK FOR MOST OF W	ORKING LIFE) 17b	USTRY	Nation
Maryland   Silver Springes   NO   12007 Saint Dunston Lane   1.671	U:	UAL RESIDENCE (IF	NURSING HOME OR C	OTHER INSTITUTION GIVE RESIDE	ENCE BEFORE ADMISSION)	II Daile				
Philip Daniel Lipscomb  Rertha Barbour  Philip Daniel Lipscomb  Rertha Barbour  Rertha Barbour  Rest of Mode Revenue Control C			13P CON							
Philip Daniel Lipscomb  Bertha Barbour  186 WAS DECEASED EVER IN U. S. ARMED FORCES?  186 SOCIAL SECURITY NO.  187 INFORMANI 12007 Saint ADMISSON Lane Silver  187 INFORMANI 12007 Saint ADMISSON Lane Silver  188 INFORMANI 1				WITT.	er sprii		AME SAIN	T Juns	Ton	Lane
Montgoments   18th Social Security No.   18th Social Security No.   19th			775		_	-			LAST	
NO   NO   NO   NO   NO   NO   NO   NO	160							. 190		
SCAUSE OF DEATH   Enter only one couse per lay fav (all, the) and ic	1	TES NO OR UNKNOWN	(IF YES, GIVE	WAR OR DATES)		1500	/ Saint Dun	ston L	ane	Silve
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10)  DUE TO OF A CONSEQUENCE OF SOUTH OF THE PROPERTY OF THE PROPE	-	No	LMont	gomert579	<del>-48-8156</del>	Mary L.Ri	dgely Daugh	ter.		
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DIABLES MEDITION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 1206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOW		couse (a), st	oting the	DUE TO, OPA A CH	ONSEQUENCE OF	etery disc	eare	E	10	yrs
OR CONTRIBUTING CAUSE OF DEATH (IF STIFFER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER)  21d. PLACE OF INJURY (AI HOME STREET FACTORY OFFICE FARM ETC.)  21l. PLACE OF INJURY (AI HOME STREET FACTORY OFFICE FARM ETC.)  21l. LOCATION STREET  CITY OR TOWN  COUNTY  STATE  22d. I certify that (1) this hospital) attended the deceased from provided and the courses stoted on the date and hour and from the causes stoted on the			SIGNIFICANT CO	onditions contribu	TING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DIȘE ASE OR CONDIT	ION GIVEN IN P	ART Ira	-0
OR CONTRIBUTING CAUSE OF DEATH (IF STIFFER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER)  21d. PLACE OF INJURY (AI HOME STREET FACTORY OFFICE FARM ETC.)  21l. PLACE OF INJURY (AI HOME STREET FACTORY OFFICE FARM ETC.)  21l. LOCATION STREET  CITY OR TOWN  COUNTY  STATE  22d. I certify that (1) this hospital) attended the deceased from provided and the courses stoted on the date and hour and from the causes stoted on the	O O	Dial	etas M	rellatur	· Bei	adness le	riphend un	calas	- le	1sex
OR CONTRIBUTING CAUSE OF DEATH (IF STIFFER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER)  21d. PLACE OF INJURY (AI HOME STREET FACTORY OFFICE FARM ETC.)  21l. PLACE OF INJURY (AI HOME STREET FACTORY OFFICE FARM ETC.)  21l. LOCATION STREET  CITY OR TOWN  COUNTY  STATE  22d. I certify that (1) this hospital) attended the deceased from provided and the courses stoted on the date and hour and from the causes stoted on the	FIGA	190 DATE OF OPE	RATION	196 CONDITION FO	R WHICH OPERATIO	ON WAS PERFORMED	/ /	N CERTIFYING C	FINDING AUSES (	OF DEATH?
(I) EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  WHILE ALL WORK  22d. I certify that I sthis haspital of attended the deceased from 2/2/7, 19/35, to 3/7, 19/35, that (II) two last secens active and the deceased from 2/2/7, 19/35, to 3/7, 19/35, that (III) two last secens active and the deceased from 2/2/7, 19/35, to 3/7, 19/35, that (III) two last secens active and the deceased from 2/2/7, 19/35, to 3/7, 19/35, that (III) two last secens active and the deceased from 2/2/7, 19/35, to 3/7, 19/35, that (III) two last secens active and the deceased from 2/2/7, 19/35, to 3/7, 19/35, that (III) two last secens active and the deceased from 2/2/7, 19/35, to 3/7, 19/35, that (III) two last secens active and the deceased from 2/2/7, 19/35, to 3/7, 19/35, that (III) two last secens active and the deceased from 2/2/7, 19/35, to 3/7, 19/35, that (III) two last secens active and the deceased from 2/2/7, 19/35, to 3/7, 19/35, that (III) two last secens active and the deceased from 2/2/7, 19/35, to 3/7, 19/35, that (III) two last secens active and the deceased from 2/2/7, 19/35, to 3/7, 19/35, that (III) two last secens active and the deceased from 2/2/7, 19/35, to 3/7, 19/35, that (III) two last secens active and the deceased from 2/2/7, 19/35, that (III) two last secens active		00.00	L/	1100100 1 11 110		21c. HOW INJURY OCCU			PART 2)	ПО
220 L certify that (1) this hospital) attended the deceased from 227 19 5 10 3 7 19 5 10 10 10 10 10 10 10 10 10 10 10 10 10	S	(IF EITHER NOTIFY	MEDIC AL EXAMINER)		19	20.70				
22a   certify that Tisthis haspital) attended the deceased from 277, 1935, to 377, 1935, that (II) two last several processes active an approximate the deceased alive an approximate the deceased alive and several process stated approximately the product of the deceased alive and several process stated approximately the product of the deceased from 277, 1935, and that immy (our) opinion death occurred on the date and hour and from the couses stated approximately that the product of the deceased from 277, 1935, and that immy (our) opinion death occurred on the date and hour and from the couses stated approximately approximatel	MEDI	21d INJURY OCC	T WHILE				CITY OR TOWN	cou	NTY	STATE
2726. SIGNED  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DI		22a I certify tha	(1) this hospite	ol) attended the deceas	0 -1	19.75	7,10_3/17	19_8	5 , tl	na (ii) (we) last
ATTENDING MEDICAL STAFF PHYSICIAN AD DIRECTOR PHYSICIAN DIRECTOR PHYSI		obove I w		view the body ofter dec	oth.		death occurred on the date	and hour and fre	om the co	ouses stated
22d PHYSICIAN SI DIRECTOR PHYSICIAN DIRECTOR		22b. 5+G+1-1108E	0	1, -	11		MEDICAL CTAPE	220	DATES	IGNED
236 BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN COUNTY STATE		04	Dry X	Kenton	100	PHYSICIAN	DIRECTOR PHYSICIAN	١ .	3/1	7/85
(SPECIFY) CITY OR TOWN COUNTY STATE	1	22d PHYSICIAN'S	TO TO	C VENT		10670 Fire	DEIDANT 1	1.100 00	014	MO
(SPECIFY) CITY OR TOWN COUNTY STATE	22.	BUDIAL CREATATION	DAL DEMOVAL	Table DATE	122 NAME OF	EMETERY OF COLUMN	LIN LOCATION S	-VEK 3/	VV	7,10
Burial 13/20/85   Manassas Cemetery   Manassas Virginia		(SPECIFY)					CITY OR TOWN	COUNT	Y	
TIONE TO THE TION OF THE TION	24	FUNERAL DIRECTION	rial	13/20/85		as Cemeter	Wanassa	S Viro	inis	DE

Manassas

DHMH - 16 60M 7/84 (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR			EALTH AND MENTAL HY	GIENE O S	U B	7	5 5	
		OR PRINT) MILDES	ED L	4	JKAT	MARC	H 22,	1985	26 HOUR 5:32 ♠	T.
	J SEX	-EMALE	4 RACE White	5. DATE O Sef	H. 24 1920		YRS	S DATS	HOURS MIN.	
7		RTHPLACE ISTATE OR FOREIGN COUNTRY) Shington, D.C	76 CITIZEN OF WHAT CO USA	WIDOWE	D DIVORCED		DMER	У	MD.	
8	Si	IVER SPRING	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY, HOLV CK	2055 H	OSPITHL	TYPE OF WORK FOR MOST OF Housewife		NOWN DOF OWN h	ome	
36	130 S Ma		ITY I3c. CITY			13e STREET ADDRESS / 10100 N.H.	**	307	20105	e e
0	14 FA	THER'S NAME William	MIDDLE Fish	ner	15 MOTHER'S MAIDEN NA Ada	AME	Schne	eider		
1		VAS DECEASED EVER IN U.S. AR YES. NO OR UNKNOWN) (IF YES. GIV	E WAR OR DATES)	-07-1445	17 INFORMANT Barbara Home:	Apt. 3-C <sup>ADS</sup>	Sl Fores	t Edg	ge Drive	)(
	z	Conditions, if ony, which gove rise to immediate couse (a), softing the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CO	onsequence of	TRUCTIVE	Lung diss	ASE DITION GIVEN I	N PART 110		-
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	DR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING			
1	MEDICAL CER	21a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	P.M.	ONTH DAY YEAR		RRED (ENTER NATURE OF INJUR	FIN ITEM IS PART I C	OR PART 2)		
	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJUF	ORY OFFICE, FARM ETC	211 LOCATION STREET	CITY OR TOV	1 99	OUNTY	STATE	
+		220 I certify that (I) (this hospi saw the deceased alive an above, (I) (we) (did) (did no 270 A TURE)	t) yew the body offer dec	oth. 19, on	22e ADDRESS	MEDICAL STAF	F IAN 🗆	from the co	SIGNED ST	
		SURIAL, CREMATION, REMOVAL	rendino, MD		11620 Kemp M	23d LOCATION CITY OR TOWN	COL	UNIY	Md.	E
	1	Cremation	3-23-198	Lee's	Crematory	Washir	igton. D	. C.		

BP.

TO FUNERAL DIRECTOR

IMPORTANT: If Item 21 is should be detached for with the State Dept. of

DHMH - 16 60M 7/84 (VRA 15, 4)

Washington, D.C.

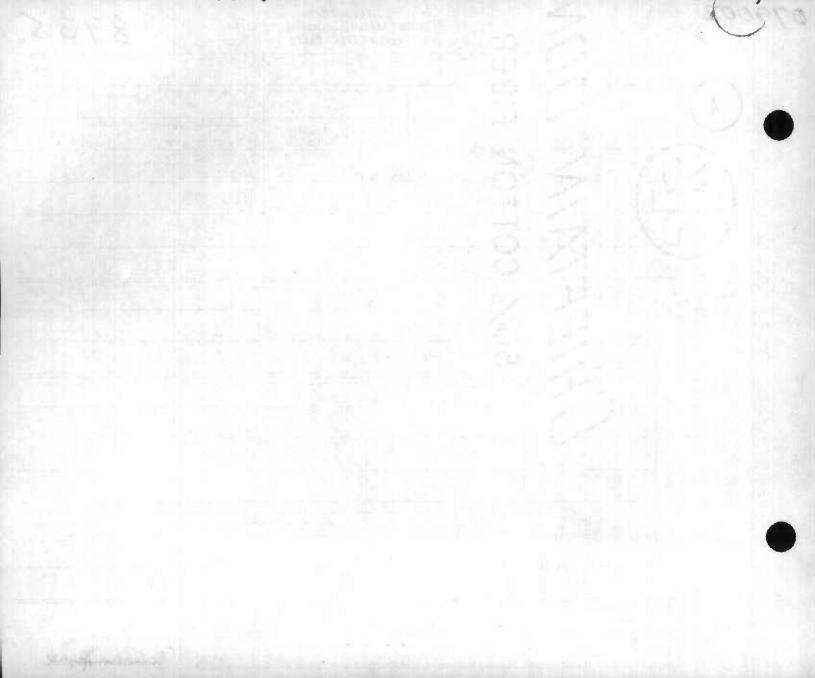
Cremation 24 FUNERAL DIRECTOR Hines Rinaldi Funeral Home Silver Spring, Md.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

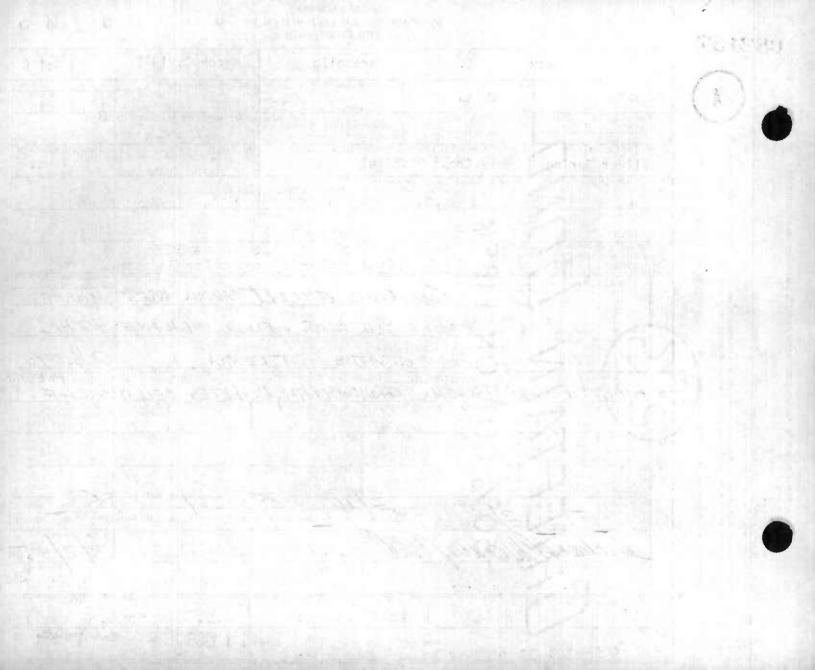
079/69	1			STATE OF MARYLAND	(3)	
011141	11	FOR - STATE	DEPART	WENT OF HEALTH AND MENTAL HY	GIENE 5 5	8 7 3 4
	Ι.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1. D	ECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
6 1 26	(TY	E ORIPRINT)		10-11-1-1		2 × 0
4 1	-	/heMAS		MAHONEY	3	14 03 11 A.W
1 4)	3. S	X	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	Ze uncer t vizze: Function A res.
		MALE	WATE	8 7 04	80 YR	
	7a E	BIRTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUN	
\$ IR 691		COUNTRY)		MARRIED NEVER MARRIED	11 7	
4 11 61	10.0	HOW YORK	1) NAME OF HOSPITAL MURSIN	IG HOME OR OTHER INSTITUTION	MON!	MD.
1 11 171	100	OK TOWN OF BEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		120 UNUAL OCCUPATION	ALIFE) NO F BUSINESS OR
10 to 10	$\perp Z_{\ell}$	K SK MO!	WASHINGTON	ARVENIST	Bleetrecian	Relixed
2 11 100	USU	STATE 136 COUN	OTHER INSTITUTION, GAS RESIDENCE BEFOR		his express uponess /	20.427
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1 1 11	14.1	ATHE CONAME	any record	15 MOTHER MAIDEN NA	ME TOTAL	or the delivery
2 1 67 66	/	Hanne .	T THE	7 10	1 MODEL OF	· · · · · · · · · · · · · · · · · · ·
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New Art of		WAS DECEASED EVER IN U.S. ARY	MARCH DATES CS 8-09-	SER IT INFORMANT	(1) ADDRESS	Sunter Hay
IN SO SEE		/	10	as Dis Howas M	atones 1000 D	antoreste med
All and and and		III. CAUSE OF DEATH (Enter only	y one course per lige for rai, its. pri	distribution	The state of the s	APPROXIMATE INTERVAL
B	1	PART I DEATH WAS CAUSED	ISY Kiny		ne	day
Z Fe P Fe		MANEDIATE	CAUSE (n)	10		, acres
O 45 50 50		Carrier In the National Control	DUE TO OR AS ACONSEQU	NCE OF		500
de de		Conditions, if any, which gave rise to immediate	(B) / CLCC	monio		2 days
the the	1	cause (a), stating the	DUE TO ONAS A CONSTOLL	MCF OF	0 1-1	
by by oth	4	underlying couse lost	Melather	AC Carcehousa	of prostate	6 broutes
20 es tes pole pole		PART 2 OTHER SIGNIEICANT CO		DEATH BUT NOT RELATED TO THE TER		SIVENI (ALDADY )
qui dani	Z	and	uia		MINAL DISEASE ON CONDITION C	SIVEIN IIN PART ITO
0	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? ZOb IF	ALC MIEDE CHIED CO.
Per los b	문	THE DATE OF CRATION	The CONDITION TOR WINCH	OFERATION WAS FERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
The Coor	E				YES NO	YES NO
N K K K K K K K K K K K K K K K K K K K		? 10 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216 TIME OF INJURY HOUR A.M. MONTH D	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
Sich Page Page Page Page Page Page Page Page	¥	(IF EITHER NOTIFY MEDICAL EXAMINER)		19		
NG PHYSICIA NG PHYSICIA of the this certificate his certificate his certificate his certificate his one would have a certificate or the month of the	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
VISI The the ond sed	Z	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE, F	ARM ETC ) STREET	CITY OR TOWN	COUNTY STATE
Afte nork		AT WORK		Oct 1084	1000 / 101	0.
Hess se		220.1 certify that (I) (this hospite saw the deceased alive an		. 17.0.7	to March 14	, 19 , that (I) <del>(we)</del> lost
CTC		qbove, (I) (we) (did) (did not	view the bady after death	, and that in (my) (our) apinian	death accurred on the date and h	our and from the causes stated
OR borker		226. SIGNATURE	1	DEGREE		22t. DATE SIGNED
74 74 9		6 wis hear	4	4. D. ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	13-14-1985
SPITA LERA LERA De de	1	224 PHYSICIAN'S NAME (TYPER	PRINT)	22e ADDRESS	J DIRECTOR   FITTS ICIAN	10 1 100
0 = 505 %		EINO MA	+6-1	11120 New Ham	Ishine au Silve	Si ked
Should with MAPO	1				•/	pung,
	239.	ELIBRATION, REMOVAL	DATE / 23c M	AME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY of I a acrass
BP	1	DURIAL.	MAR. 16/85	LUARY CEMETERY	OUEEN.	S - /Y. YSTATE
DHMH - 16 50M 1/B1	14 F	A VECTOIT a Woma	Funeral Home	, 254 Carrols BAT	E REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNATURE
(VRA 15, 4)	1 X	Weller) Kelle	St., NW, Was	h., D.C. MAD	1 0 mms / 4	F W
	cold.	The man		N. A.T	S MARS STURRY	MUH BARAMAN MANGARAMAN

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X		· STATE REGISTRAR				ICATE OF DEATH	REG. NO	0100
m.e		CEASED NAME FIRST		MIDDLE	MAR	US	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
y be		Heler		7.		rgus	3-	13-85 4-PM
_ A ( A )	3 SE	× Female	4 RACE	(1) mino	S DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 25 HRS
		RTHPLACE (STATE OF FOREIGN		F WHAT COUNTRY?	8	D NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH
de on		Pennsylvania		USA	WIDOWE		Montgamery	County MD.
11 1/20	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
- F 13 00		ver Soving	Holy	Cvoss	Hos	pital	Bookkeeper	Sub. Trust
filled Found Life	13g M	AL RESIDENCE ( NURSING PO STATE 131-C aryland Mo	we or other institution OUNTY ntgomery	Silver S	ADMISSION) N Pring	13d. INSIDE CITY LIMITS? YES X NO 298	13e STREET ADDRESS / ZIP CO 08 Braddock Roa	d 20903
2 sh	14 F	ATHER'S NAME	WIDDLE			15 MOTHER'S MAIDEN NA	ME MIDDLE	
b land		James	MIDDLE	Culber	t	Pauline	WIDDLE	Reiner
ond co		WAS DECEASED EVER IN U.S				17 INFORMANT	ADDRESS	as
Pogo		YES NORMANOWN) (IF YE	S GIVE WAR OR DATES!	211-22-0	339	Peter J. Ma	rgus- son- (sam	e 13e)
cote be executed within 24 vysicion and completely fille oppers. Pages 1 and 2 should any the medical examines mit, the medical examines mit.	187	18 CAUSE OF DEATH IEnte	er only one couse pr	er line for ioi, (b), one	d ic			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
on pho on po erro even		PART I DEATH WAS CA	DIATE CAUSE (o)	Carele	vaen	cohech		24 hrs
or the corb			DUE TO,	OR AS A CONSEQUE	NCE OF	. 1	Λ Ι	V1
deo deo otte love otte roun		Conditions, if ony, which		pu	Q N	nyrarlial 1	Phereter	2/100
201 W. PRESTON ST., es that the death certifi ned by the offending pl please remove corbon grinol, cremotion, or rem r, or other froumotic eve		gove rise to immediate couse (a), stating the underlying couse last	DUE TO	OR AS A CONSEQUE	NCE OF	0	V	
ned plee		PART 2 OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTING TO	MATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION O	IVEN IN PART 110
n sig Then to b	O		Chym		1200	\ \		
NG PHYSICIAN The low require other of the physician. When this certificate has been stigned as the burtol-transit permit. Then the and Mental Hygiene prior to booked or Item 18 shows any injury orked or Item 18 shows any injury.	CERTIFICATION	19a DATE OF OPERATION		DITION FOR WHICH	@PERATIO	N WAS PERFORMED	IN CER	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES \( \text{YES} \)
VITA VITA Cote Cote Consit Hygie 8 sho	ERT	21a ACCIDENT WAS UNDERLYING	21b. TIME	OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	
Phy		OR CONTRIBUTING CAUSE O	CEATIT	A.M. MONTH DA				
Ary Sice of Si	MEDICAL	116 INJURY OCCURRED		P.M. E OF INJURY	19	211 LOCATION		
offen offen	ME	WHILE NOT WHILE T		TREET, FACTORY OFFICE, F.	ARM ETC )	STREET	CITY OR TOWN	COUNTY STATE
S B S B S B S B S B S B S B S B S B S B		22a I certify that III does h	ospital) attended t	he deceosed from	Ma			, 19 (we) lost
R ATTE hospital IRECTC hed for hed for tem 21		sibove, 11/3 we ridid 41	net rew the bod	y ofter death			deoth occurred on the date and h	
0 0 0 40 -		226 SIGNATURE	1,08 R	nen	w	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	3/14/85
TO HOSPITAL retoined by the TO FUNERAL should be detowith the State limportant; if the State limportant; if		22d PHYSICIAN'S NAME (T	1. h	2.0		22e ADDRESS	Sociea MD	
Show with	22- 1	CHEMATION DESIGN	VAL 23b DATE		2 20 34441	7, 10(1	123d LOCATION	
BP	234. 1	BURIAL, CREMATION, REMO Burial				emetery or crematory  nwood Cemetery	CITY OF TOWN	huylkill Penna
DHMH - 16 60M 7/84	24 F	JNERAL DIRECTOR		11800 N	_		E REC'D. BY REGISTRAR 256. REG	
(VRA 15, 4)	Hir	es/Rinaldi Fu	meral Ho	me Silver			1 5 1005 Tulie	Teviden Bandelle

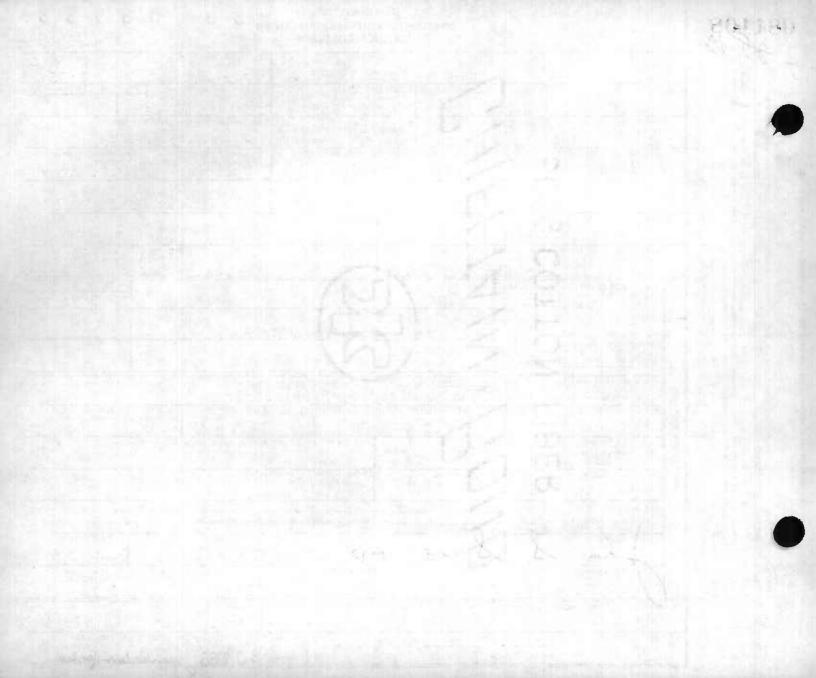


092157	1.	FOR STATE REGISTRAR		DE	PARTMENT OF	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 5	0 8 9	3 6
1 24		CEASED NAME FIR	etty	E.	Ма	rseglia	March 3, 1991	DAY YEAR	3:11P
_ ( )	3	emale		hite	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)  65 YRS		IF UNDER 24 HRS HOURS MIN.
1 100 00 00 00 00 00 00 00 00 00 00 00 0	7	RTHPLACE (STATE OR FOREK Vash.D.C.		USA	MARRIE		Montgomery	TY OF DEATH	MD.
5 1 1 1 0 N		TY OR TOWN OF DEATH Silver Sprin	ig (Fhor	TY Cross	Hospita	or other institution	Manor of a constitution Wheaton Nurs	LIFE) INDUSTRY	
riand 21:	1	. 7	COUNTY Mont	130. CITY C		13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 1604 Windha	209 am Lane	02
MARY ed wit		asquale	WIDDLE	Torca	sio	Raffael	WIDDIE	rorcasi	o.
TIMORE,		VAS DECEASED EVER IN U LES NO OR UNKNOWN) (1F None	I.S. ARMED FORC YES, GIVE WAR OR DA'	TES)	14 7304	17 INFORMANT A Orlando N	Same as <sup>ADD</sup> IE3E Marseglia(Hus)		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B  NG PHYSICIAN: The law requires that the death certifica that this certificate has been signed by the attending physician. So the burial-transit permit. Then please remove carbompon the and Mental Hygiene prior to burial, cremation, or remove order than the many shows any injury, or ather traumatic event,	CERTIFICATION	Conditions, if any, wh gave rise to immedia cause (a), stating underlying cause to	DUE TO DU	O, OR AS A COM  (b) MASS  O, OR AS A COM  C) GRAP  NS CONTRIBUTION  LSCHEM	ASEQUENCE OF ELLE  ASEQUENCE OF	CTRALITE +F	AINAL DISEASE OR CONDITION CONTROL OF THE PROPERTY OF THE PROPERTY TO THE PROP	Z 48	HRS PUEUMO: HF NGS USED NO
DIVISION OF VITA  ORENGING Physicians of the broad-transis in and Mental Hygin orked or Hem 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI (IF EITHER NOTIFY MEDICAL E) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	E OF DEATH HOU	ME OF INJURY IR A.M. MONT P.M. ACE OF INJURY ME STREET, FACTORY.	19	211. LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM I	8, PART I OR PART 2) COUNTY	STATE
HOSPITAL OR ATTENDI ined by the haspital an FUNCTAL DIRECTOR. A videoestisched for use the Shift Dept of Heal		220.1 certify that (I) (this sow the deceased of above, (I) (we) (did) (I) SIGNATURE  226 PHYSICIAN'S NAME  Richard P.	did not view the	Level	~ /	M.D. ATTENDING PHYSICIAN E	MEDICAL STAFF DIRECTOR PHYSICIAN Street, Silver	3/	3/85
F 5 F 0 7 =		URIAL, CREMATION, REM		TE		EMETERY OR CREMATORY  F Heaven	23d. LOCATION S.S. M	Iont.	STATE
BP DHMH-16 30M 2/80	_	INERAL DIRECTOR	13/0			25 PA	S.S. N		Maryland
(VRA 15, 4)	Hi	nes/Rinald	i 1180	0 New H	DRESS Tamp	S.S.Md	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		i i



74107	1	FOR - STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	0 8 9	3 7
1 76		CEASED NAME ERIST		M. M.	ATT	L how S	March	- 1	26. HOUR 10:25 MP
(1)	3 SE	x Female	4 RACE Whi	Lte	5. DATE C	1 30°, 189°°	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE. MONTHS DAY	
166	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland		WHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER MARRIED	Montgomer	R COUNTY OF DEATH	MD
other of	10. C	Gaithersburg	11. NAME OF		AG HOME C	PR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Homemake	F WORKING LIFE) INDUSTR	OF BUSINESS OR
24 hours		AL RESIDENCE (IF NURSING HOME C	DROTHER INSTITUTION JNTY  tgomery	13c CITY OR TOW Gaither	/N	13d. INSIDE CITY LIMITS?	13e SIREET ADDRESS /	ZIP CODE ./208	77
100 M	14. F.	ATHER'S NAME FIRST  Andrew	MIDDLE	Medde:	rs	15. MOTHER'S MAIDEN NAME Elizabeth	MIDDLE .		Sheets
Poges 1		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (# YES, G	RMED FORCES? GIVE WAR OR DATES)	579-62-		William T. M	atthews, S	5316 Pine O	rchard Dr.
equires that the death cer is signed by the attending Then please remove carbo to buriol, cremation, or re injury, or other froumotice	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, (b)  DUE TO, (c)  CONDITIONS C	me	ENCE OF	Antura Selection of the term	EDENOR TO NOTE OF CONTRACT OF	DITION GIVEN IN PART	Los
The law ricion.  Ite has been sit permit.  Green prior	CERTIFICATION	19a DATE OF OPERATION			OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	NO [
G PHYSICIAN: Total control of this certificate in this certificate in the burial-transit and Mental Hygi ked or Item 28 sh	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P. PLACE		AY YEAR 19	211. LOCATION	ED (ENTER NATUR OF INJUI		STATE
TAL OR ATTENDIN y the hospital or or AL DIRECTOR. Att detached for use or or to Dept. of Health If them 21 is mor		220.1 certify that (I) (min los sow the deceased alive a above, (I) (was did) (did n 22b. SIGN	n 2	ter death.	1	of that in (my) (or) opinion of OPEGREE  ATTENDING PHYSICIAN	MEDICAL STAIL DIRECTOR PHYSIC	n DA	he causes stated
TO HOSPITAL retained by the TO FUNERAL should be det with the State IMPORTANT:	730	22d PHYSICAN'S NAME (TYPE	MAK	2) 6	116K	220 ADDRESS WOLD  EMETERY OR CREMATORY	BITA 1234 LOCATION	160g "	5/17
ВР		(SPECIFY) Cremation	3/7/	'85 Ce	dar H	ill Crematory	Suitlan	d, Maryland	STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F 51	UNERAL DIRECTOR JOSE 30 Wisconsin A	ph Gawle: ve,NW,Wa	r's Sons, shington,	Inc. D.C.	20016 MAR 1	1 1085 Julie	Davidson-Range	Legg 4

Wolfel, we Americal for the contract of the Co mischill and the state of the s . The state of the

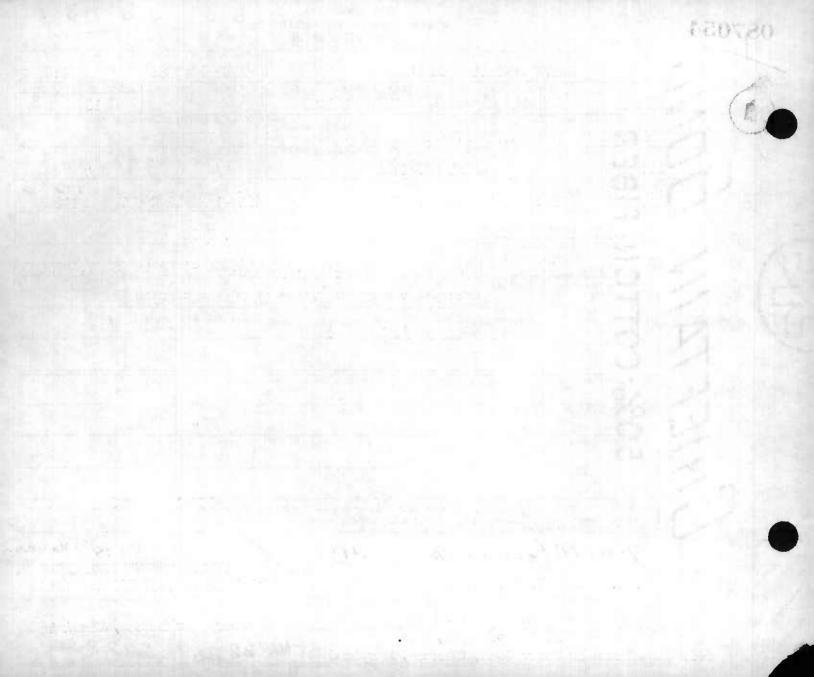


# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	G.	

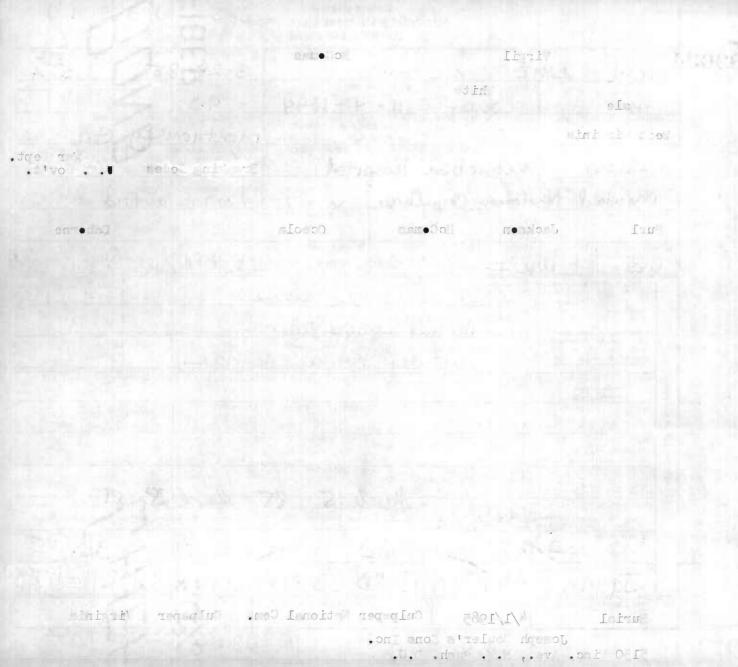
		REGISTRAR			REG. NO.							
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR						
		ROI	BYN DANIELLE MCCAL	LA	MARCH 14 1985	1:00						
	3 SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MILE						
	F	EMALE	BLACK	MARCH 1 1985 1985	YRS.	13						
21		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH							
0		ARYLAND	UNITED STATES	WIDOWED DIVORCED	MONTGOMERY							
200		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  121 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  N/A							
1	-	ETHESDA	NAVAL HOS									
35	13a S	TATE 1136 C	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR 13C CITY OR TOVE INCE GEO'S ANDREWS	VN 113d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 4628-1 MAPLE COU	URT 11203						
60	4 FA	THER'S NAME ROBERT DUNI	KLEY MCCALLA	15. MOTHER'S MAIDEN N	ANDA K. TRICE	LAST						
2	land.	AS DECEASED EVER IN U.S	S. ARMED FORCES? 166 SOCIAL SECI		ADDRESS							
2	N	NO OR UNKNOWN) (IF YE	N/A N/A	ROBERT D MCC	ROBERT D.MCCALLA,4628-1 MAPLE COURT,ANDREW							
				ATTO BUY 11		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT						
			er only one couse per line for (a), (b), ai AUSED BY: DISSEMIN		SIMPLEX INFECTION							
4 7	4	O E 4 PRINCE CAUSE IN										
	-	Conditions, if any, which	DUE TO, OR AS A CONSEQU	ENCE OF								
9		gove rise to immediate	e )									
		couse (a), stating the underlying cause last	1	ENCE OF								
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to										
-	NO	TANTE ON EX SIGNATURA	CONTROL CONTRIBUTION	DENTI DOT NOT RECEIVED TO THE TER	MINAL DISEASE ON CONDITION ON	VEN IN CAME ITO						
7	ATB	90 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF YES, WERE FINDINGS USED							
Z	THE	7-90			IN CERTIFYING CAUSES OF DEATHS							
0	CER	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 I	PART I OR PART 2)						
9	AL	OR CONTRIBUTING CAUSE O	DE DEATH	AY YEAR								
/	MEDIC	214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE						
pos	M	NOT WHILE AL WORK	AT HOME STREET FACTORY, OFFICE,	FARM ETC ) SINCE	CHTORIOWN	STATE						
			hospital) attended the deceased from .	MARCH 1 19 85	MARCH 14	19.85 , that (It (we))						
	М	saw the deceased aliv-	e on MARCH 14 19	OL.	death accurred on the date and hou	or and from the causes stated						
	Į.	obove, (1) (we) (did) (did not view the body after death.  22b SIGNATURE  22c. DATE SIGNED										
		Susan M Souver M. MD ATTENDING MEDICAL STAFF 15 Mary										
7		22d PHYSICIAN'S NAME (TYPE OF PRINT) 122e ADDRESS NAVAL HOSPITAL, NAVAL MEDICAL COI										
/ 1		S. B. BOISVE	ERT, LT, MC, USNR		PITAL REGION, BETH							
-	73c D	URIAL, CREMATION, REMO		NAME OF CEMETERY OR CREMATORY	123d LOCATION							
1	- (	SPECIFY)			CITY OR TOWN	COUNTY STATE						
1	_	urial INERAL DIRECTOR TA	e Funeral Home, I	rlington National	Cemetery Arlingt	on, Virginia						
6633		NAME	Ferry Road, Clinto		100	inden-Randally						



1,	FOR - STATE	DEPARTMEN	STATE OF MARYLAND IT OF HEALTH AND MENTAL HYG	IENE 8 3 0	8 9 4 (					
01	REGISTRAR  CEASED NAME FIRST FOR PRINT)	WIDDLE	ERTIFICATE OF DEATH	REG. NO.	DAY YEAR 26 HOUR					
	1	A RACE Howard	Mc Millen	3-2	6 - 85 3					
3 SI	No. 10 Acres		MONTH DAY YEAR		MONTHS DAYS HOURS					
F - 10.	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	PRIL 24, 1904	9 BALTIMORE CITY OR COUNTY	OF DEATH					
II	VDIANA	UNITED STATES	MARRIED NEVER MARRIED UNDOWED DIVORCED	MONTGOMERY						
(2)	THY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING I JIF NOT IN SUCH FACILITY, GIVE STREET ADDI KFNS INGTON GAR	RESSI	PHYSICIST FO	I L'DSCIENCE UNDATION					
13a MA		OTHER INSTITUTION GIVE PLUDENAS BUI ORE ADA	134 INSIDE CITY LIMITS? YES NO 1	13e.STREET ADDRESS / ZIP CODE						
A		WIDDLE LAST	FIRST	WIDDLE	LAST					
	WAS DECEASED EVER IN U.S. AR.  (YES, NO OR UNKNOWN)   IF YES GIV	MEMILLEN MED FORCES? 166 SOCIAL SECURIT E WAR OR DATES) 216-44-3	Y NO. 17 INFORMANT	ADDRESS  ADDRESS	SEE ITEM					
Sy possel	18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF									
Clear, or other tra	Conditions, if ony, which gove rise to immediate couse iol, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									
CERTIFICATION	190 DATE OF OPERATION	19b CONDITION FOR WHICH OP	ERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEAT S NO					
and the same	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DAY	YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 F	ART ( OR PART 2)					
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM	21f LOCATION	CITY OR TOWN	COUNTY ST					
21 km	20a   certify that (I) (this hospital) attended the deceased from 21, 1982, to 1982, that (I) (we saw the document of the courses stated and that in (my) (our) apinion death occurred on the date and hour and from the courses stated and that in (my) (our) apinion death occurred on the date and hour and from the courses stated and that in (my) (our) apinion death occurred on the date and hour and from the courses stated and that in (my) (our) apinion death occurred on the date and hour and from the courses stated and the course of									
10 M	IN SGNATURE	egel_		MEDICAL STAFF DIRECTOR PHYSICIAN	3/24/8					
/	MALTIN C	CHALGEC	27e ADDRESS 373	LO FAXLAGUET Q ENSINGTON A	13 20895					
230.	BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION	236. DATE 23c NAA 27 MAR 85 LF	AE OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN WASHINGTON	COUNTY 51					
7/B4 24 1	JUNERAL TREET AM LE	E'S SONS COMPAN	Y 250 DAT	E REC'D. BY REGISTRAR 256 REGIST						

J. WILLIAM LEE'S SONS COMPANY 300 4th St NE WASHINGTON, DC 20002

101101 TONIOR INTERNATION THE PRINCIPAL PRINCIPAL PROPERTY OF THE PRIN 6200 SELDENCE ST. 20815 ALE HUITING - ALE 21-44-351 MAY .. CHILLE ( 11-1) 1 12 LILETING 27 AKE 85 THE CHILETON TANKING TO D.C. J. UHIJAA INN S SOME COSBANY 300 Ach St am Vashing Off, 10 20002 AFR D 3 Mat Access Front



81038	STATE OF MARYLAND  POR  1 - FOR STATE REGISTRAR  STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REG. NO.									
TE STA	TIVE		RNET	D. Mecown						26 HOUR 235
Soft post	3 51	FEMALE	4 RACE Cave		S DATE O	18 19 1 6	68	Y	MONTHS DAY	
in 72 ho	7a E	COUNTRY ONA	REIGN 76 CITIZEN	of what coun	TRY? 8  MARRIE  WIDOWI	D NEVER MARRIED	MONT	GOMERY	COUNTY	
by the full with	S	ILVER SPRIN	VG 716"	ORCHAN	ED WAY	OR OTHER INSTITUTION	SYSTE	Cuschoo. M	LG (IFE) 126 KIND	OF BUSINESS LIC
filled in hould be	13a M	AL RESIDENCE (IF NURSING STATE	SHOWE OR OTHER INSTITU SU COUNTY NOW GOM 6/4	13 CITY OR	BEFORE ADMISSION) TOWN SHUNG	13d INSIDE CITY LIMITS?		DDRESS / ZIP C	WAY IN	2090
ompletely ond 2 s	114.5	ATHER'S NAME FIRST		DAV	24	Vala	AME	MIDDLE		DIR
on and co		WAS DECEASED EVER IN (YES NO OR UNKNOWN)	U.S. ARMED FORCE (IF YES GIVE WAR OR DATE		22-8136	Rebecca G.	McCown,	110 PORCI	HARD WAY SPRING,	MARYLAI
v requires that the death een signed by the attent int Then please remove act rior to burial, cremation, ny injury, or ather trauma	NOIL		diate the Due to lost In EXANT CONDITION	OR AS A CONS	EQUENCE OF	NOT RELATED TO THE TER			GIVEN IN PART	
cate has board Hygiene pri	CERTIFICATION	21s. ACCIDENT WAS UNDER		E OF PUJURY	and the second	21s, HOW INJURY OCCU	785 🗍	NOX BY C	VES []	NO [
to attending physician respitation of attending physicians attending physicians as the buriol-training of the other and Mental Hyper of Health and Mental Hyper 21 is marked or Item 18	MEDICAL	CH CONTRIBUTING CALL OF CHARLES AND BY MEDICAL CONTRIBUTION OF COURSE CALL OF	D ZIE PEA	113	6/1	THE LOCATION STREET	) 10	3/15	(OLM)Y	sta that (I) (we
TO HOSPITAL OR retained by the high of the control	23a	MARK	H, EG EMOVAL   236 DATE 3/1	M.D.	23c NAME OF C	ATTENDING PHYSICIAN	GIA AV	TAND PE	EINCEUNGE	DRGF ! SA
BP	24 1		IN HEBREW	MEMORIA	L FUNER	AL HOMEMAR 9	SUIT	CAND, PR	GISTRAR SIGNAL	RYLAN

6 6 8 8 8 8 Charles I will be a second to the control of the co 155. 2016 - 1556 - 156 MARIE BER STELLERAM

078078							OF MARYLAND	Ci Ci	S C	) 0	1 9	
n	1.	FOR STATE			DEPART		EALTH AND MENTAL HY	GIENE				
. 1		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			
13	1. DE		FIRST	,	MIDDLE	1- (1'	A D A = 1/a		OF DEATH MON		-	26. HOUR
A ISI		RO	36			mii	CRACKEN	1		3 12	85	1405
(E IX)	1 58	2 11.1	4 R	RACE		5. DATE C		6. AGE (1	N YEARS LAST BIRTHDA	(Y) IF UP	NDER I YEAR	IF UNDER 24 HRS
133	1	0 MA18	16	AUC	ASIAN	TAN		60		YRS.	HS DATS	HOURS MIN.
2 50 4	26.8	RIHPLACE (STATE OR FOR	EIGN 7b.	CITIZEN OF	WHAT COUNTRY	8	5, 1896	9 BÁLTIA	AORE CITY OR C		DEATH	
€ 18 TC		COUNTRY					D NEVER MARRIED	AAA	Markagamer			
J 11 12	10 C	NNSVI VANTA	1 11.	U.S.A.	HOSPITAL NURSI	WIDOWE NG HOME C	DIVORCED DIVORCED	12a. USUA	LOCCUPATION	Me	2 VIND OF	F BUSINESS OR
2 170	B	et esda. A	nd.	SCI	HEACHITY, GIVE STREET	ADDRESS)	ospital	TYPE OF W	MEMAKER	ORKING LIFE)	INDUSTRY	000111200 011
10 mm	13a	AL RESIDENCE (IF MURSING	HOME OF OTH	ER INSTITUTION,	GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e.STREE	T ADDRESS / ZI	P CODE		
N . 4 11 12	MA	RYLAND MI	ONTGOL	<b>IFRV</b>	STIVER	SPRING	YES NO	1390	O POND	ITEM D	OAD	20004
17 1 1 L	IA.F	ATHER'S NAME	MIDE		TAST		IS. MOTHER'S MAIDEN N	AME	MIDDLE			20704
A 1 2 4 18 18 18	P	FRANCIS	74100	1	McCANN'		THERESA		Alloote	Mc	PHARL	AN
# Y 5 5 5 7	16a \	VAS DECEASED EVER IN			166. SOCIAL SEC	URITY NO.	17. INFORMANT	arture.	ADDRESS			
OM 2 = 90 5/	1	NO OR UNKNOWN)	IF YES, GIVE WA	AR OR DATES)	187-36-	9367	DOROTHY M. W	ERNER	NIECE	SAME	AS 13	
E 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	-	18. CAUSE OF DEATH	Enter only o	ne couse/fier	line form), (b), as	nd (c)					APPROXI	MATE INTERVAL
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E # 63 # 2		sow the deceased above, y (western	did on vi	iew the body	after death	1/01	nd that if (my) (our) opinio	n death occu	rred on the date	and hour on	d from the c	couses stoted
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

Cremation

Capitol Funeral Service, Falls Church, VA

16 Mar 85

Lee Crematory

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

22¢ DATE SIGNED

MAR14 1985

STATE

COUNTY

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

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Ives Pearson Funeral Homes

Arlington, Va. ADI 22201

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

NAME

- 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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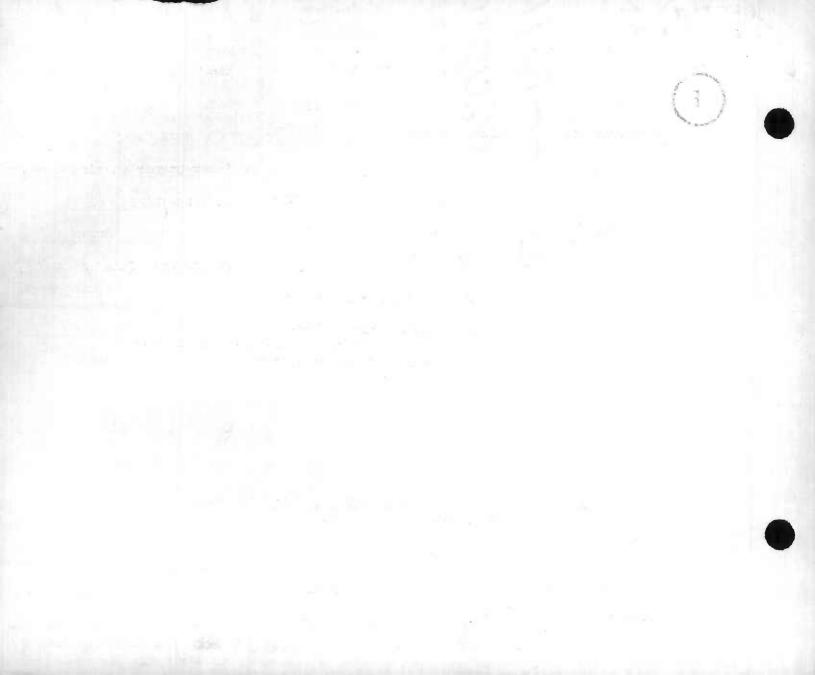
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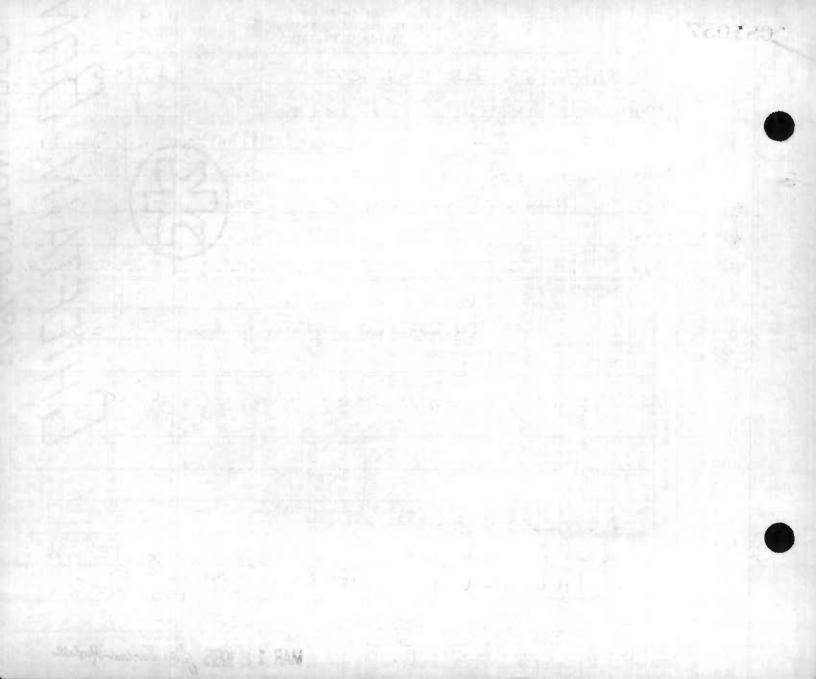
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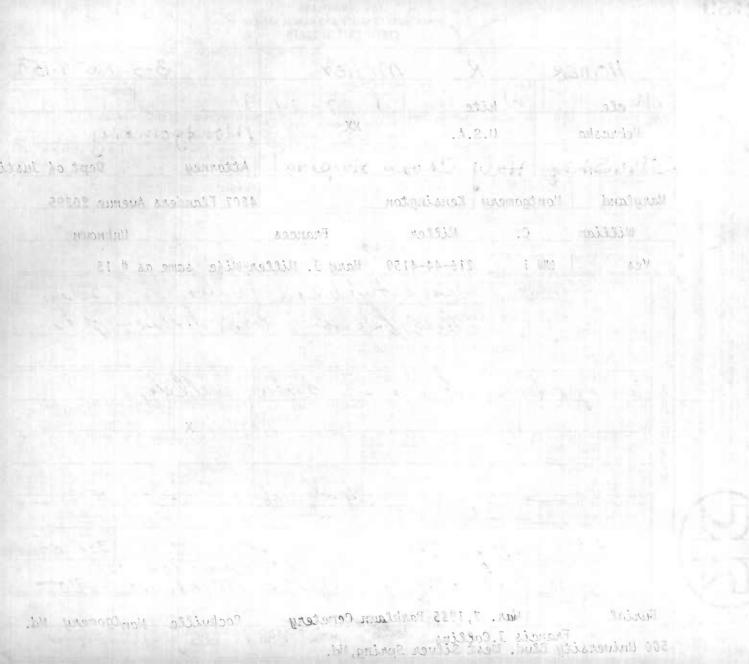
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082159	STATE OF MARYLAND  FOR  OF STATE  OF STATE  CERTIFICATE OF DEATH  REGISTRAR  STATE  REGISTRAR  REG. NO.
	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 28. HOUR MILLEY 3-5-1985 7.154
Poge 4 m director hours off	Male White 7-9491 YRS. MONTHS DAYS HOURS MIN.
deoth.	Nebraska U.S.A. MARRIED XX NEVER MARRIED   Montgomery MD
201 Is offer of filed with	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT INSUCH FACILITY GIVE STREET ADDRESS)  ACT DETAIL OCCUPATION  (IT NOT INSUCH FACILITY GIVE STREET ADDRESS)  Attorney  126. KIND OF BUSINESS OR  (TYPE OF WORK FOR MOST OF WORKING LIFE)  NDUSTRY  Dept of Just
othin 24 hoursely filled in 2 should be sand the same remost be	USUAL RESIDENCE (# NURSING HONE OR OTHER INSTITUTION DIVERESIDENCE BEFORE ADMISSION) 13a. STATE 113b. COUNTY 113c. CITY OR TOWN 113d. INSIDE CITY LIMITS? 113e. STREET ADDRESS  Maryland  Montgomery Kensington 14. FATHER'S NAME FIRST MIDDLE 15. MOTHER'S MAIDEN NAME FIRST MIDDLE 16. MIDLLE 16. MIDLL
comple	William C. Miller Frances Unknown  160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
Timore be exect on ond on s. Poges	(YES NO OR UNKNOWN)   IF YES GIVE WAR OR DATES)   216-44-4159   Mary, J. Miller-Wife same as # 13  18 CAUSE OF DEATH (Enter only one couse per line for Low, (b), and ic. 1 / BETWEEN ONSET AND DEATH
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L OR ATTENDIN the hospitol or L DIRECTOR: Af- stoched for use o e Dept. of Heolth : if Nem 21 is mo.	22a. I certify that (I) (this hospital) ottended the deceased from
TO HOSPITAL TO FUNERAL should be det with the Store	PHYSICIAN DIRECTOR DI
BP	230. BURIAL, CREMATION, REMOVAL 230 DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE  ROCKVILLE Mantagement Md
DHMH - 16 50M 4/B2 (VRA 15, 4)	24. FUNERAL DIRECTOR Francis J. Collinsporess 500 University Blvd. West Silver Spring, Md.  Rockville Mantagmery Md 21. FUNERAL DIRECTOR Francis J. Collinsporess Spring, Md.



AT LUMBERTAD ALL THE PROPERTY OF THE PERSON The following is

DHMH - 16 60M 7/84 (VRA 15, 4)

Hines/Rinaldi 11800 New Hamp . Ave. S.S. No. DATE RECT. BY REGISTRAR'S SIGNATURE



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REG. NO.

Item #1, G-615, 5/1/86 by the STATE OF MARYLAND

FOR

STOCKHOLD

REGISTRAR

THE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

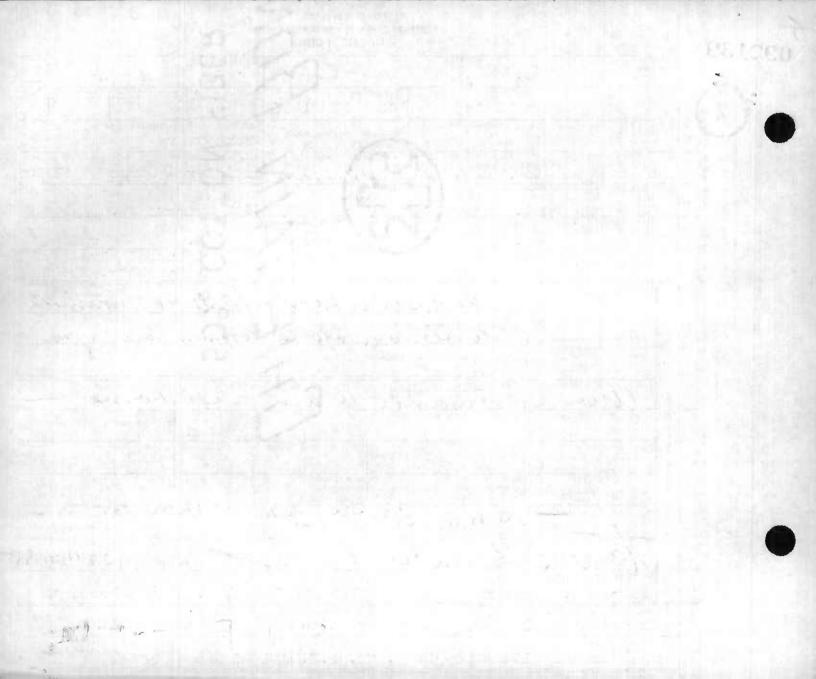
MRS O BE SEE SEE

STATE OF MARYLAND

		REGISTRAR			CEKIII	ICATE OF I	PEATH		REG. NO.				
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2		VA	USA		WIDOWE	DI DI	VORCED [		gomei	-		ME	<u>).</u>
		ethesda		HOSPITAL, NURS CHEACHLITY, GIVE STRE		10,	Renen 4	Regis			26 KIND O NDUSTRY	NIH	
je		AL RESIDENCE (IF NURSING H	OME OF OTHER INSTITUTION	GIVE RESIDENCE BEFO		13d. INSIDE C	ITY LIAATTS?	13e STREET A	DDDESS / :	ZIP CODE		25-11	1
			Mont.	Bethes		YES		4502			14	1814	
1	IA FA	THER'S NAME	WIDDLE			15. MOTHER	MAIDEN NAM	WE					
6	R	ichard	C.	Perry	7	Fan	nie		S.		Hern		
N.		VAS DECEASED EVER IN U	I.S. ARMED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORMA	NT	4	OPDDRE	issell	Ave	# 21	.2
3		No		216 44	9369	Irene	I Win	e G	aithe	ersbur	g, M	D 208	377
		18. CAUSE OF DEATH (Er	nter anly ane cause pe	r lue far (a), (b), c	and ic	1		1	0		BETWEEN	MATE INTERVAL	-
		PART I. DEATH WAS C	AUSED BY AEDIATE CAUSE (0)	Kerk	an	axo	vu	Lau	leve	1	un		_
ш		0.00	41.1	RAS A CONSTO	HENICE OF		TOTAL	1	200				
	100	Conditions, if ony, who		in le	1 SELLE	Lanax	& cala	Cares	reulon	Reside		m.	
		gove rise to immedia couse (a), stating (	ote )	DAS A CONSEC	UENCE OF	-			,,,,,		Y		-
		underlying cause la		R AS A CONSEQ	UENCE OF						,		
		PART 2 OTHER SIGNIFIC		ONTRIBUTING TO	D DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE	OR CONDI	TION GIVEN	N PART LI	1	=
	No.	(1100	216 0	2001	21.50	a	din	S	me	los	ne		,
7	CERTIFICATION	190 DATE OF OPERATION	1 196 COND	ITION OR WHIC	H OPERATIO	N WAS PERFO	RMED	20a AUTO	PSY?	20b. IF YES, W	ERE FINDIN	IGS USED	-
/	E E							YES	NOIX	IN CERTIFYIN		OF DEATH?	
	8	210. ACCIDENT WAS UNDERLYI	ING   21b. TIME C	OF INJURY		21c HOW IN	JURY OCCURR					но П	-
		OR CONTRIBUTING CAUSE	OF DEATH	M. MONTH									
M	MEDICAL	21d. INJURY OCCURRED		OF INJURY	19	21f LOCATIO	)N						- 1
н	W.	WHILE NOT WHILE I	LAT HOME ST	REET, FACTORY, OFFICE	E FARM, ETC )	STREET			CITY OR TOWN	•	COUNTY	STATE	
					27	100	107	7	th	Wi S	40		_
		220.1 certify that (I) (1)	ive an 24	man 19	-	nd that in (my)	(cor) opinian d	leath accurred	d on the date			that (I) (walast	1
		72b. SIC NATURE	did not) view the bady	atter death.		DEGREE					22s DATE		-
-1		MARIAN	(1) (2)	21100	X	-	TTENDING	MEDICAL	STAFF		17	Mar. C	-
-		17d. PHYSICIAN'S NAME	ITYPE OR PRINT)	, vov		22e ADDRES	PHYSICIAN .	O'RECTOR L	PHYSICIA	N	26 /		-
								100					
		Horace W.	Bernton			14/43	Bradle	v Blv	d. Ch	PVV C	hase	- MD	
	23a B		Bernton OVAL 123h DATE	I 23c	NAME OF C			y B1v		nevy C	hase	, MD	=
		URIAL, CREMATION, REM Cremation				H/43 EMETERY OR G	REMATORY	23d LOCA	TION	aton,		, MD	=

DHMH - 16 60M 7/B4 (VRA 15, 4)

11800 New Hamp. Ave. S.S. MAR 29 1985 Hines/Rinaldi



should be detached for use as the braith the State Dept of Health and M TO FUNERAL DIRECTOR:

## STATE OF MARYLAND

157	-	FOR STATE REGISTRAR				CERTIFI	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	REG. NO		9	o 4
		R PRINT)	AU M		MIDDLE		NITNIK	3-8-85	MONTH DAY	YEAR	26. HOUR 8:55 PA
3. S	SEX	Male		White	2	S. DATE O		6 AGE (IN YEARS LAST BIRT	YRS.	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.
70		THPLACE (STATE OR FORES	iGN 7b	U. S.	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED D DIVORCED XX	MONTG			W
(4)/)   -	5	thesda	17.	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A URBAN	DDRESS)	ROTHER INSTITUTION	17 ALCO PERMOST OF	ON FWORKING LIFE)	126. KIND C INDUSTRY	of BUSINESS OR thing
10 Mil	a. SI		county contgo	mery	ROCKVILL		134 INSIDE CITY LIMITS?	5115 CROSS	FIELD (	t. Ap	t. # 9
5/14	FAI	David	MIDE	DIE	Mitni	k	15 MOTHER'S MAIDEN NAM BESSIE	MIDDLE		certâ	inable)
medicol 160	νŏΝ	AS DECEASED EVER IN L S, NO OR UNKNOWN) (II	J.S. ARMEI FYES, GIVE W		214-90-8		Ella Sirota	(Same as #			
event, the		8 CAUSE OF DEATH IE PART I. DEATH WAS	nter only o CAUSED B MEDIATE C	Y:	line for to), (b), and		TILLY			APPROX BETWEEN	ONSET AND DEATH
r other troumotic		Conditions, if ony, what gove rise to immediate couse (a), stating underlying couse I	iote	(b)	R AS A CONSEQUE	han	r disease			Y-lav	
o value.		Emphomo	Sh.	hing.	ontributing to D	1	NOT RELATED TO THE TERM		TION GIVEN	IN PART 1	0
CERTIFICATION		90 DATE OF OPERATION	<b>y</b>	196 CONB	ITION FOR WHICH	OPERATION	N WAS PERFORMED	YES NO NO	20b. IF YES, V IN CERTIFYIN YES [	IG CAUSES	
-		210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH		FINJURY M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)	
MEDICAL		WHILE NOT WHILE AT WORK		21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE FA	ARM, ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
21 is mo		sow the deceased a above, (I) (we) (cital)	dius on	March	8 108	-	d that in (my) (and) opinion of	to March death occurred on the do	te and hour a		that (I) (we) last couses stated
di il them		226. SIGNATURE	1	ah		1.4	ATTENDING PHYSICIAN	MEDICAL STAF		May,	9,1985
- Date	1	22d PHYSICIAN'S NAME	TYEOR	INT)	45		27e ADDRESS	. 1 /	, ,		

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

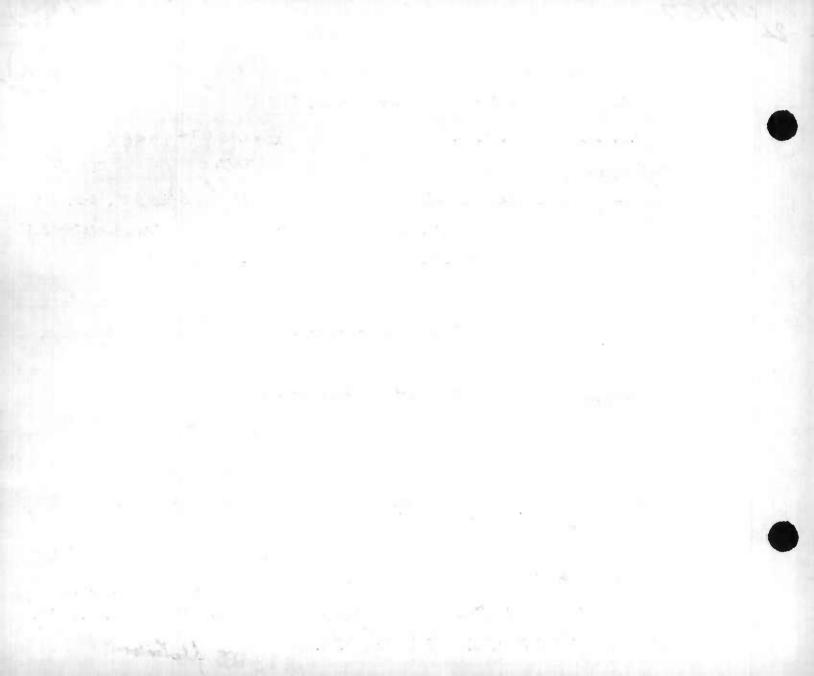
230 BURIAL, CREMATION REMOVAL (SPECIFY) BULLAL 3/10/1985 232 CARROLL STREET, N. W., MASHENGTON,

236 NAME OF CEMETERY OR CREMATORY
MOUNT LEBANON

1230 LOCATION Hyartisville,

Mide.

BY REGISTRAR 25b. REGISTRAR'S SIGN



SIWER SPRING MD

(VRA 15, 4)

CHAMBERS FUNERAL HOME

STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE **CERTIFICATE OF DEATH** REGISTRAR DECEASED NAME Jacque Morrell 20 DATE KNOWN MONTH (TYPE OR PRINT) 20 DEATH MATED 19 6 AGE (IN YEARS IF UNDER I YR 4 RACE IF UNDER 24 HRS. 2c. DATE AST BIRTHDAY PRONOUNCED 93 18 DEAD 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED FOREIGN COUNTRY Georgia U.S.A. DIVORCED WIDOWED ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY Chemistry Chevy Chase Retirement & Nursing Cen-Silver Spring Chemist SUAL RESIDENCE HE IN NURSING OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 4501 Conn. Ave. 20008 D.C. Washington 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Unknown Joseph Morrell Unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) HE YES, GIVE WAR OR DATEST 324-18-9046 WWI & WWII Mildred Morrell. Same as item 13 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF anteriosclemers. Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) reimere USED AS 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E3 SHOULD BE US DEPARTMENT OF 11 PRIOR TO BURIA YES [ NO [ 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. If. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held on Autopsy Inspection Accident Suicide Homicide \_\_\_ Undetermined manner SIGNATURE EXAMINER'S NAME MISCADSIN TYPE OR PRINT Arlington National Cem. 'Aflington Virginia 24 FUNERAL DIRECTOR Joseph Gawler's Sons Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 5130 Wisc. Ave., N.W. Wash., D.C. (VR A15 ME (5))

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no nino no nino no nino no nino no nino n

Yes Wile Will 321-12-90% Hildred Morrell. Semocon item 13

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DHMH - 16 60M 7 (VRA 15, 4)

-				STAT	E OF MARYLAND	8 .	0 0 7	2
2	1	FOR	DEPAI	RTMENT OF H	EALTH AND MENTAL HYG	IENE		
	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	250 44		
1		CEASED NAME FIRST	MIDDLE	L L	AST .	REG. NO		26 HOUR
)	TYPE	GIFACE		N	JULLEN	3/5/8:	5	10;30Am
	3 SEX		4 RACE	5. DATE C	OF BIRTH	6 AGE IN YEAR LAST BIR	THDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
11	15	FEMALE	WHITE	MONTH	22 1906	78	YRS DAIS	HOURS MIN.
16		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
12		Pa.	U.S.A.	WIDOWE		Montai	mercy co	O. MD
0	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		OR OTHER INSTITUTION	120 USUAL OCCUPATI		OF BUSINESS OR
OB.		LVER SPRING	HOLY CRU	oss t	Haspt.	COOK	RES	
M	13a S	TATE 136 COUN			13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	
10			TGOMERY SILVER.	SPRING	YES NO 🗆	901 ARCC	LA AVE.	20902
1	14 FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ME		AST
21		MATTHIAS	K. BEE!	R	MAGGIE	BELL	LE LU	CAS
11		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRE	2905 BURT	ON HILL DA
/		NO -	- 211-03	:-1732A	GRACE C. 1	MAIOLO	KENSINGTO	
1		18 CAUSE OF DEATH (Enter on	nly one couse per line for (o), (b).	ond ic	2.0		APPRO BETWEEN	XIMATE INTERVAL NONSET AND DEATH
		PART I. DEATH WAS CAUSE IMMEDIAT	TE CAUSE (D) PUEL	MON	114		14	VEEK
		Conditions, if ony, which	DUE TO, OR AS A CONSECT	FEIM	EKS PISE	HSE		
		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC	QUENCE OF				
		underlying couse last	(c)					
	7	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	DITION GIVEN IN PART 1	lto
	CERTIFICATION					Las auxonous	Tan is used to see so in	
5	ICA	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206, IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED S OF DEATH?
-	RTI				1	YES NO	YES	NO 🗆
		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	EY IN ITEM 18 PART ( OR PART 2)	
1	N O	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19	n kinne en en			
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	CE FARM EIC )	211 LOCATION STREET	CITY OR TO	wn COUNTY	S1 ATE
		AT WORK NOT WHILE AT WORK						
			<del>rati attended the deceased Iron</del>		19 8	t. 10 5 M,	,	, that (I) (we) last
			it werd the body allow death.	-	nd that in (my) (************************************	death occurred on the de		
		THE SIGNATURE	206/10	11	ATTENDING PHYSICIAN C	MEDICAL STAI		E SIGNED
1		-water	ZITT MINI	/	AHISICIAN	DIRECTOR PHYSIC	IAN 5 /	12185
		22d PHYSICIAN'S NAME (TYPE O	RIRINI CONTL	111	22e ADDRESS	alon Na	conceptor	un
		NATUER 6	100M1	41/	2709 SHUICEF	rew A	Unchion	119
	23a. B	SURIAL, CREMATION, REMOVAL		St. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY A	STATE /
	1	BURIAL	3-8-1985 6	MEOF	HEAVEN CEN	1. SILVER	SPRING, 11	lowing. Mol.
/B4	24. Ft	UNERAL DIRECTOR	ADDRES	is .	25a DAT	E REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNA	TURE
	W	W. CHAMBERS	CO FUC. SIL	VER SP.	RING, Mal	1285	wag day down to	andell

and the state of t

074106	FOR STATE REGISTRAR	DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HYGI TIFICATE OF DEATH	ENE 5 0 8	9 5 8
oth 3	DECEASED NAME Patric	K J	nulliaan	20. DATE OF DEATH MONTH	8- 85 26 HOUR
e 4 moy	Male	I. RACE 5 DA	TE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)  37	IF UNDER 1 YEAR IF UNDER 24 HRS
Pool in Pool	O. BIRTHPLACE (STATE OR FOREIGN 7	linited Stated	RRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY Montgomery	
on softer do	0. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOW (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Shady Grove Ad		Personnel Uff	12b KIND OF BUSINESS OR INDUSTRY Treasury
ND 2121	USUAL RESIDENCE (IF NURSING HOME OR C 130 STATE 136 COUNT	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS		130 STREET ADDRESS / ZIR CODE 17104 Hughes	
MARYLA ed within	4 FATHER'S NAME Ernest	H. Mulligan	15. MOTHER'S MAIDEN NAM EIda	AE .	ge1 LAST
MORE, I	60 WAS DECEASED EVER IN U.S. ARM  (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECURITY N 219-54-7021	O. 17. INFORMANT Wi Christine M	fe ADDRESS Ulligan Same	as item 13
Tr., BALT		y one couse per line for (a), (b), and (c), BY:  CAUSE (a) FIBROSIS	OF LUNG		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W. PRESTON 5 es that the death cer ted by the attending please remove carbo urial, cremation, or re, or other traumatic.	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF THE CONTROL OF THE C	IN CHEMOT		
RECORDS,	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH WEAR CARCIA  198 CONDITION FOR WHICH OPERA	IOMA	200 AUTOPSY? 20b. IF YES	EN IN PART TIO  , WERE FINDINGS USED  YING CAUSES OF DEATH?  5
DIVISION OF VITAL  NG PHYSICIAN: The offer this certificate h os the buriol-transit p th and Mental Hygiet th and Mental Hygiet arked or them 18 show	OR CONTRIBUTION C CAUSE OF DEAT		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 P	
OIVISION OUG PHYS offer this c ss the bur h ond Me	IF ETHER NOTHY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT MOME STREET, FACTORY OFFICE, FARM, ETC	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDI pital or TOR: A for use of Heal	22a I certify that (I) (this hospital saw the deceased alive on above, (I) (we) (did) (did not)	19 95		to 3/7.	
ITAL OR A by the hoss RRAL DIRECT detached from them.	22b. SIGNATURE	Charales	DEGREE  ATTENDING PHYSICIAN  Tree Address	MEDICAL STAFF DIRECTOR PHYSICIAN	3/8/8
TO HOSPITAL ( retoined by this TO FUNERAL I should be deto with the Store I MPORTANT: II	ALAN S.	CHANALES	1410 OCD 1	GEORGETOWN K	D, BETHESDA
BP	Burial, Cremation, Removal (SPECBurial		of CEMETERY OF CREMATORY estown Presbŷ	terian Darnes	town, Maryland
DHMH - 16 50M 4/83 (VRA 15, 4)		T A. PUMPHREY F KVILLE, MARYLAND	UNERAL 250. DATE	R 1 3 1985	RAR'S SIGNATURE

FIA LOW THE WATER VIOLATION OF THE WATER OF THE PARTY OF TESTICALLAR CARLINGAL THE THE RESERVE OF THE PROPERTY OF THE PROPERT PERSONAL SECTION OF THE SECTION OF T

088134

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME 7h HOUR SALLIE LUCILLE MURPHY MARCH 18 1985 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) NOVEMBER 15 1894 FEMALE. CAUCASIAN BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED DIVEYER MARRIED ARKANSAS UNITED STATES MONTGOMERY O CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE BETHESDA Home SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 2933 BENTON PLACE, NW 13c CITY OR TOWN YES [ 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME SIMEON T. LEWIS NELLIE REBECCA MCCURDY 17 INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 577-84-4957 NELL E.MACCRACKEN, 2933 BENTON PLACE, NW WASHINGTON, DC 20008 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY:

DATE MACAUT PNEUMONIA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON YES [ 710. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER! P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY LAT HOME STREET, FACTORY OFFICE FARM ETC ) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from JANUARY 16 saw the deceased alive on \_\_MARCH\_18 and that in (my) (aur) apinian death accurred on the date and haur and fram the causes stated 226 SIGNA DEGREE 77t. DATE SIGNED DIRECTOR PHYSICIAN NAVAL HOSPITAL, NAVAL MEDICAL COMMAND, J. B. HERMILLER, LT, MC, USNR CAPITAL REGION, BETHESDA, MD 20814 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY Burial Rock Creek Cemetery Washington, D.C. Joseph Gawler's Sons Inc.

DHMH - 16 50M 7/84 (VRA 15. 4)

5130 Wisc. Ave., N.W. Wash., D.

- STATE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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1/195 ock reak ometery lashingten, L. ... 10 isc. v., .. sh., ..

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		FOR		EPARTMI		OF MARYLAN		GIÉNE	8 7	0 0	
15	11-	STATE REGISTRAR	MEI	CAL EX	AMINER	S CERTIFIC		DEATH REG.	NO.		- 5
092009	1. DE	CEASED NAME FIRST	IDNEY	MIDDLEFOR	REST	LAST MUS	SSELMA		MONTH	DAY YEAR	26 HOUR
<b>新品品</b> 用		SIDNE		ORRE	云丁	MUSSE		DEATH MATED	0 32	22 19 88	1900
1	1 SEX	M CAUC	DATE OF BIRTH	YEAR		MONTHS DAYS	HOURS	4 HRS 24. DATE MIN PRONOUNCED DEAD	MONTH 3	22 10 ST	1900 M
		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WH	AT COUNTR	VO 1-	ARRIED XXNE	VER MARRIEI	9. BALTIMORE CITY	OR COUNT		
DESCENT	1	KENTUCKY	US		W	DOWED -	DIVORCE	MONTGO	MER		MD.
S HAGE	14.	TY OR TOWN OF DEATH	11. NAME OF HOSE			OTHER INSTITU	TION	120. USUAL OCCUPATION ( FOR MOST OF WORKING LIFE)  MECH EN		OR INDUST	RY
NAD 3 TO STATE OF THE STATE OF		TATE 136. COUN	DROTHER INSTITUTION, GIV	13c. CITY O	RTOWN	13d INSIDE C		13e STREET ADDRESS	REW	20815	
A2599 F 3	14. F/	ATHER'S NAME			VY CHAS		ER'S MAIDEN		,		
AORE, MD.		SIDNEY FO	RREST	MUSS	ELMAN	I		MIDDLE	REMI	NGTON	
F ERCRO	16e. V	VAS DECEASED EVER IN U.S. AR. ES, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)		1-3552		DAUGH	TER) BREEZY DEVER, 4 BEAC	SSPT., G	UEENS, N	.Y.
W. PRESTON ST., WITHIN 24 HOUS ENCIL IN ITEM 18. MINER ALONG W. MINAL HYGIENE, OR REMOVAL.		IB CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	TE CAUSE (a) C A	ARDIO AS A CONSE LACIN	RES DI		Co Lei	PAILURG		APPROXIMAT BETWEEN ONSE	FINTERVAL
A VOROTA	CERTIFICATION	PART 2 DIHER SIGNIFICANT CONDITIONS				DISEASE OR CONDITION		1 ral.		2D AUTOPSY	? No D
DIVISION OF VIT S CERTIFICATE SH RITING THE WOR ROBED TO THE CT- 8:3 SHOULD BE U. E DEPARMENT OI PRIOR TO BUR		214 EXTERNAL CAUSEWAS  UNDERLYING OR CONTRIBUTING CAUSE OF	and the same of th	MONTH D	AY YEAR	DIED	OCCURRED	LENTER NATURE OF INJURY IN ITEM	B PART 1 OR PAR		
DIVISIC THIS CERTIING WRITING WARDED TO PAGE 3 SH PAGE 3 SH TATE DEPA	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE C STREET, FACT	OF INJURY (	AT HOME.	LOCATION STREET	ENT	St Chury CK	138E/	Mont	STATE
DIVISION OF VITA  TO MEDICAL EXAMINER: THIS CERTIFICATE SHE EXECUTE THE CERTIFICATE, WRITING THE WORF PAGE 4 SHOULD BE FORWARDED TO THE CH TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE U AFTER DEATH, WITH THE STATE DEPARTMENT O BATTER DEATH OF THE STATE DEPARTMENT OF THE STATE DEPARTMENT O BATTER DEATH OF THE STATE DEPARTMENT OF THE STATE		27a I certify that I taak charged death resulted fram:	ge of the remains description of the remains described on the remains describe	Mibed abave	held an A		Inspection cide ,	Undetermined manner	and in my ap  DATE SIGNE	3/22	185
TO MEDIC EXECUTE TO AGE SHOWN AS A STER DEA			ntis C	MAG	14	ADDRESS_	82006	Visconsin Au	BeT	HORIS	Mu
BP	(5	URIAL, CREMATION, REMOVAL	3/23/85	MET		RY OR CREMATO	TORY	23d. LOCATION CITY OR TOWN ALEXANDRIA		G. 1	MD.
DHMH - 17 (VR A15 ME (5))	24 F	uneral director RICHA 1804 T ST., N.	RD RAPP IN	VC.	0000		MAR MAR	2 7 1985	GISTRAR'S S	IGNATURE N-10 Track	
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099008	1.	FOR STATE		DEPART	MENT OF HEALT	MARYLAND H AND MENTAL HY	GIÈNE S	3	9 0	1
000000	Ľ	REGISTRAR			CERTIFICAT	TE OF DEATH	REG. N	O.		
The same of the		EASED NAME FIRST OR PRINT)	Charles of	MIDDLE	LAST		20. DATE OF DEATH	MONTH DA	Y YEAR	2h HOUR
1 1		MYER	R.		MISSER		3 - 19-85			8:45 pm
. 1/1	3. SE)		4 RACE		5. DATE OF BIR		6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
. ( A ) .	,	MALE	WHIT	E	FEB.	9. 1907	78	YRS.	DATS	HOURS MIN,
2 10		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY C	FDEATH	
1 11/2		PENNSYLVANIA	U.S.	A.	WIDOWED	DIVORCED [	MONTGO	OMERY	00.	MD.
11 /0/	10. CI	Y OR TOWN OF DEATH		HOSPITAL, NURSIN		HER INSTITUTION	128. USUAL OCCUPAT		12h, KIND OF	BUSINESS OR
1 70		ROCKVILLE	40	ONAL LUTI		ME	STORE MAI			VILABLE
1 55 300	USUA 13a S	L RESIDENCE (IF NURSING HOME TATE 130 CO	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	INSIDE CITY LIMITS?	13e STREET ADDRESS		215	101
7 1 2			TIMORE	BALTIMO		NO [	6216- F	The state of the s	AVENUE	00
a and a second		THER'S NAME	W/DDI5	1467	15. A	OTHER'S MAIDEN N	AME			
b b b b b b b b b b b b b b b b b b b	1	MELANTHON	WIDDLE	MUSSER		PEARL	WIDDIE	MUS	SER	
d co		AS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO. 17 II	NFORMANT	ADDRI		2414	
Pog Pog		INKNOWN 1 IF YES.	GIVE WAR OR DATES)	178-10-9	068 R	EV DR RICH	ARD REICHARI	P N.T.	H R	OCKVILIE
Sicio ol.		18 CAUSE OF DEATH (Enter	anly one cause pe							NATE INTERVAL
phy ppy ppo mov went	15	PART I. DEATH WAS CAU	ISED 8Y.  IATE CAUSE (a)	ane	unia	nea			10	dan
ding arbo		1747160		R AS A CONSEQUE	NCE OF					1
death		Conditions, if ony, which	(d) (b)	,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
the de		gave rise to immediate cause (a), stating the	DUETO	R AS A CONSEQUE	NCE OF					
by by crost		underlying cause last	(0)_							
ires t gned in ple burio		PART 2 OTHER SIGNIFICAN	T CONDITIONS O	ONTRIBUTING TO	SEATH BUT NOT	WELATED TO THE TEX	MINAL DISPASE OR GON	DITION GIVE	N INPART 110	
The The	CERTIFICATION	Congen	Più H	eart	Forher	ne · Oa	rkuso	esis (	lese	00
ow prior	CAT	190. DATE OF OPERATION	19s. COND	ITION FOR WHICH	OPERATION WA	S PERFORMED	20a AUTOPSY?		WERE FINDIN	
The in hos	TIF						YES NO X	YES		NO 🗆
hysicinosic ronsit Hygie	CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	hand I compress to	OF INJURY .M. MONTH DA	Y YEAR 21c	HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	FIORPART 2)	
SICIA ng ph certifi ental-tr	CAL	(IF EITHER NOTIFY MEDICAL EXAMI	DEATH	.M.	19					
PHY sndir	MEDICAL	214 INJURY OCCURRED	21e. PLACE	OF INJURY	ARM ETC.)	LOCATION STREET	CITY OR TO	JWN	COUNTY	STATE
offer of the orker	~	AT WORK NOT WHILE AT WORK						110		
NO I ON I	UA.	22s. I certify that (I) (this ho	spital) attended th	ne deceased from_	Non	1985	to Man	47, 19		hat (I) ( <u>we) l</u> ast
Sprite CTO CTO I for of h		sow the deceased alive abave, (I) ( <del>we) (did</del> ) (did	not) view the body	attendenth.	ond tho	t in (my) (aux) apinion	death occurred on the d	ate and hour o	ind from the ci	ouses stated
OR ho bill bill bill bill bill bill bill bil	N)	226. SIGNATURE	Dali	10	DEGR	10			22c. DATE S	- 0-
Y the Y the SAL I deto deto		Horald 9	- Tu-	Can	~ M	ATTENDING PHYSICIAN	MEDICAL STA	IAN	1300	20-85
HE STORY		22d. PHYSICIAN'S NAME (TVE	PE OR PRINT)	000	27e.	ADDRESS	- 11 44 51	. /1	() = =/	. 00
01 01 8		HAROLD	T. M	1. CAN	N 3	3355	- 16 W. J	N.W.1	NA SH	· IC.
報告 中国 作業 第一	23a. 8	URIAL, CREMATION, REMOV	0.0			ERY OR CREMATORY	23d. LOCATION		COUNTY	20010
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DHMH - 16 50M 4/83	24. FL	NERAL DIRECTOR		ADDRESS			TE REC'D. 8Y REGISTRAR	25h REGISTRA	R'S SIGNATU	RE
(VRA 15, 4)	9.1	HYSONG CO. IN	C 13	OO-N STRE	ET NW WA	ASH. DODR	00 14Hb 94	in Devide	and the same	R

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

086093

completely filled in by the funeral director, page 3 ; 1 and 2 should be filed within 72 hours after death

FOR STATE REGISTRAR

I. DECEASED NAME

Katharine

(TYPE OR PRINT)

### STATE OF MARYLAND DE

PARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CE	RTIFICATE	OF DEATH	

	CERTIFICATE OF DEATH	REG. NO.		
	LAST	20. DATE OF DEATH MONTH	DAY YEAR	2h HOUR
	Nally	March 21, 198	3 5	8:40pm
	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	April 8, 1894	90 YRS	MONTHS DAYS	HOURS MIN.
UNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
es	WIDOWED DIVORCED	Montgomery Co	ounty,	MD.
IVE STREET	G HOME OR OTHER INSTITUTION  am Drive	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF  Tax Attorney	E) INDUSTRY	Govit.

3. SE		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS
F	emale	Caucas	ian	Apri		90	YRS	ONIHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	В	D NEVER MARRIED X	9 BALTIMORE CITY O			
	lew York	United	States	WIDOWE		Montgome	ry Co	unty,	MD.
10 C	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPATION			F BUSINESS OR
В	ethesda	4508 C	the ltenh	am D	rive	Tax Attorn			Gov't.
	AL RESIDENCE (IF NURSING HON	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		A 124 INICIDE CITY LUMITES	13e.STREET ADDRESS /			
	7 7	tgomery	Bethesda		13d. INSIDE CITY LIMITS?	4508 Chelt		Drive	20814
-	ATHER'S NAME				15 MOTHER'S MAIDEN NAM	ΛE	CIDICIII	DILVO	20011
P	Michael	WIDDLE	Nally		Katharine	MIDDLE		Burk	
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT Niec		hestni	ut Stre	et
	No	S, GIVE WAR OR DATES	220 44 0	1483	Virginia D. F				
	18 CAUSE OF DEATH (Ente	or anly one rouse per			IV TI GILLIA DI	ISHCI DOCH	Cour,	APPROXI	MATE INTERVAL ONSET AND DEATH
	PART I DEATH WAS CA	LISED BY.			e Heart Failu	20		3 da	
	IMMEI			/	e Heart Farry	16		3 08	ys
	Condesion of the Land		R AS A CONSEQUE		Vacantan Naul			10	
	Canditians, if any, which gove rise to immediate	(b)	IIIOHITC CS	raro-	Vascular Neph	roscierosis		10 y	ears
9	cause (a), stating the underlying cause lost	1000,0	R AS A CONSEQUE	NCE OF				100	
		( ()							
2	PART 2 OTHER SIGNIFICAL	NT CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	OITION GIVE	EN IN PART 10	)
CERTIFICATION	19a, DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20h IF YES.	WERE FINDIN	IGS USED
FFC						YES TI NOTY	IN CERTIFY YES	YING CAUSES	
ER	21g. ACCIDENT WAS UNDERLYING	21h. TIME C	OF IN IURY	_	21c. HOW INJURY OCCURR	trend trends &	1		NO [
	OR CONTRIBUTING CAUSE OF	LUCUID A	M. MONTH DA	YEAR		( CHIER MAIORE OF INJOH	THE TOTAL	an ( On that s)	
WEDICAL	(IF EITHER NOTIFY MEDICAL EXAM		M.	19	DIL LOCATION				
MED	21d INJURY OCCURRED	21e PLACE	REET, FACTORY, OFFICE, FA	ARM. ETC.)	211 LOCATION STREET	CITY OR TO	NN	COUNTY	STATE
	AT WORK AT WORK							0.0	
	220 I certify that (I) (the h sow the deceased alive	march 1	9 deceased from 19	une c	, 1710	The second secon			that (I) (X) lost
	abave, (I) we (aid) (aid	d not) view he body	latter death.		nd that in (my) ( W) opinion o	death occurred on the do	te and hour		
	226. SIGNATURE	191 (0	Xterall.	a h	DEOREE)	- MEDICAL STAF		Marc Marc	h 22,198!
	1 CFW	001	March	CTY		MEDICAL STAF	IAN 🗌	12010	,
	22d. PHYSICIAN'S NAME (T	YPE OR PRINT)	1		22e ADDRESS FIDO	Tot	Δ.	3.7	T.T. II 4 0 F

Robert C. Haile, M.D.

MIDDLE

V.

Washington.

5100 Wisconsin Avenue N.W.#405 20016

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 27, 1985h

230 NAME OF CEMETERY OR CREMATORY St. Peters Cemetery 23d. LOCATION
Troy

New York

24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, P.A., Bethesda, Maryland 20814

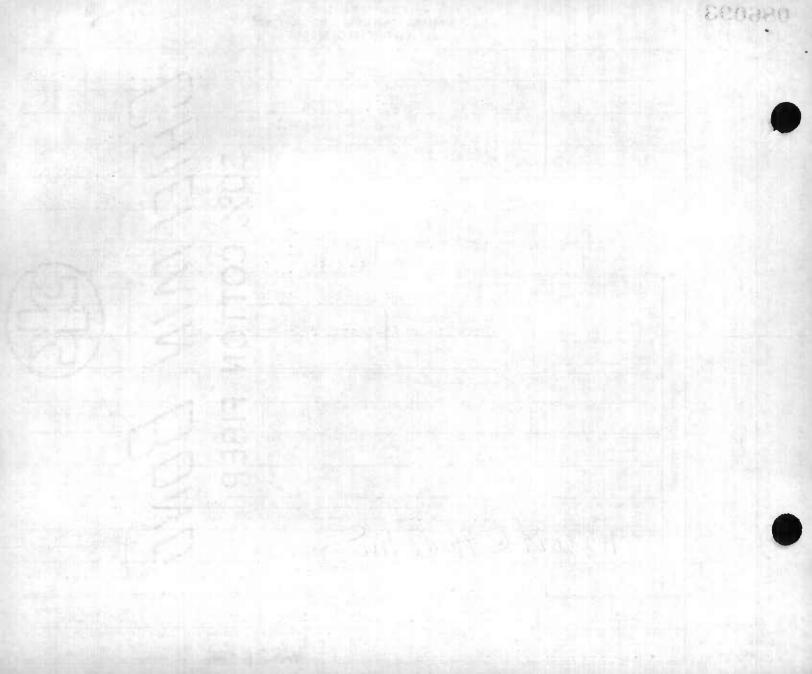
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

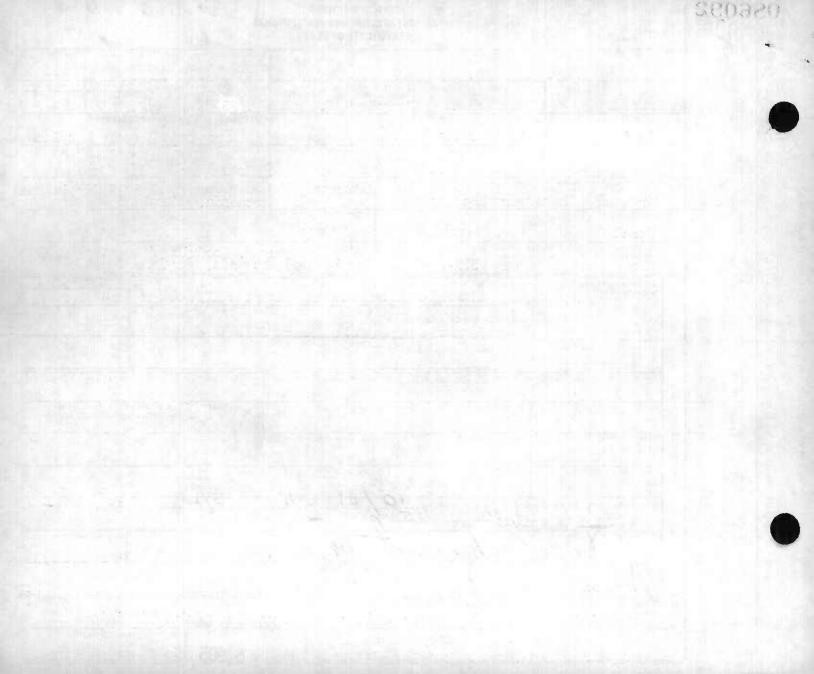
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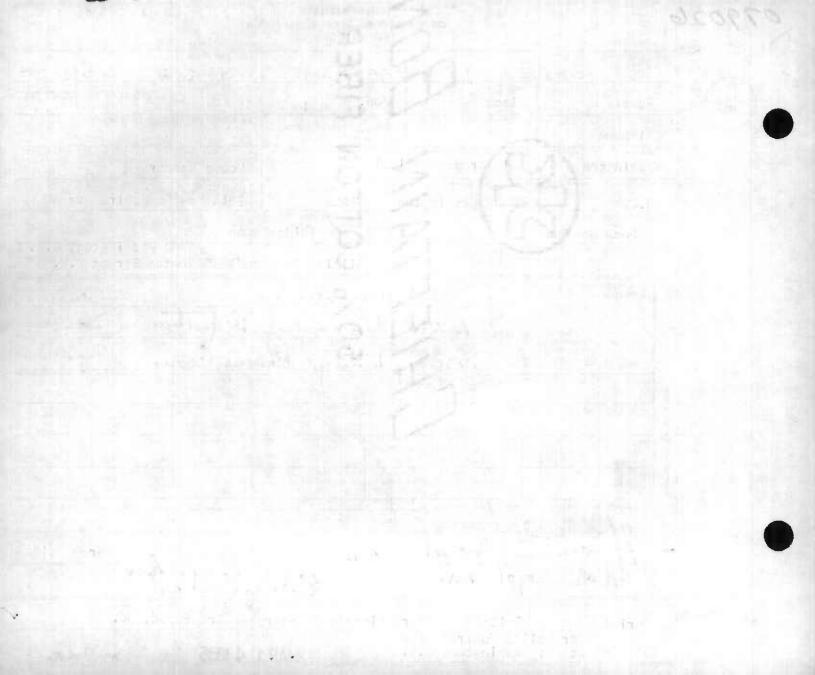
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending phy should be detacked for use as the burial-transit permit. Then please remove corbon pawith the State Dept of Health and Mental Hygiene prior to burial, cremation, or remov

IMPORTANT: If them 21 is morked or them 18 shows ony





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11020	1 -	FOR STATE			HEALTH AND MENTAL HYO	STENE	
		REGISTRAR		CEKII	FICATE OF DEATH	REG. NO.	
, n=		CEASED NAME FIRST	MIDDLE	1.0	IASI	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
The state of		SAD		NEE	Marie Land	MARCH	8,1985 2:354
14)	3 SE	Female	Black		5F BIRTH 1904	6 AGE (IN YEARS LAST BIRTHDAY)  81 YRS	MUNDER LYEAR OF UNDER 24 HRS
1140		RTHPLACE ISTATE OR FOREIGN OUNTRY	76 CITIZEN OF WHAT CO	DUNTRY? 8 MARRI WIDOW	D NEVER MARRIED DEDKEN DIVORCED	Montgomery (	
88	W	TY OR TOWN OF DEATH	Holy Cross	Hospital		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING House keeper	12b. KIND OF BUSINESS OR INDUSTRY
AND 212	13a S	AL RESIDENCE (# NURSING ) TATE  D. C.	OTHER INSTITUTION GIVE RESID HTY 13c. CITY Wash	ENCE BEFORE ADMISSION OR TOWN ington	YESTXX NO	13e STREET ADDRESS / ZIP COI 3614 New Hamp	shire Ave NW
MARYL med with	14 F.A	THER'S NAME FIRST  Dock Needham	MIDDLE	LAST	Adelaide	Hyman	LAST
BALTIMORE, cote be executed to spers. Pages well, the medical trit, the medical trit.		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV		26-7705	William Need	ADDRESS Wa ham/1650 Newton	Street N.W.
ST., g ph son p remo		18 CAUSE OF DEATH (Enter on PART), DEATH WAS CAUSE IMMEDIAT	D BY TE CAUSE (0)	elegen	u shock	0 0 0	APPROXIMATE INTERVAL BETWEEN OWNET AND DEATH
1 W. PRESTON hot the death co by the ortendin ose remove cork il, cremotion, or other troumofic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A C	ONSEQUENCE OF	terry oth	erorelevois	years
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN: The law requires th r oftending physicion. When this certificate has been signed to as the burnol-transit permit. Then plea th and Mental Hygiene prior to burnol, and Mental Hygiene prior to burnol, and mental 8 shows any injury, or o	NOI	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBU	TING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART 110
AI RECO	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATION	ON WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED  IFYING CAUSES OF DEATH?  YES NO
inctan: 1 of virticity of controls of cont		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MO	NTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	3 PART ( OR PART 2)
IVISION  JG PHYS  offendin  ter this of  is the bun  hond Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJUI		211 LOCATION STREET	CITY OR FOWN	COUNTY STATE
TTENDIN Pitol or TTOR: Af for use of Health		220.1 certify that X (this hospi saw the decased alive on above (1) (we) (did) (did no	tol) ottended the deceas		c 28 , 19 84 nd that in (my) (our) apinion	to March 8 death accurred on the date and he	. 19.85 , that <b>x</b> (we) lost our and from the causes stated
AL OR A the hos AL DIREC detoched bite Dept. IT. If them	_	226 SIGNATURE CUEU	\$ Sag	al i	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	March 9,1985
TO HOSPITAL TO HOSPITAL TO FUNERAL THOUGH be det With the State MAPORTANT	12	220/PHYSIC AN'S NAME ITYRE	egal M		220 ADDRESS	Spring rul	*
1994 BP		BURIAL, CREMATION, REMOVAL SPECIFY	3-12-85	Fort L	ncoln Cemeter	V3d LOCATION	Md. STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	UNERAL DIRECTOR Marsha 4217 9th St NW:	ll's Funera Washington	Home , D.C.	256 DA	TE REC'D. BY REGISTRAR 256 REGIS	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

IF UNDER I YEAR

INDUSTRY

126 KIND OF BUSINESS OR

Wallbreact

APPROXIMATE INTERVA

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY STATE

WEST VIRGIN: PARKERSBURG

24 FUNERAL DIRECTOR FRANCIS J. COLLINS. 500 UNIV. BLVD. W. SILVER SPRING, MD. 20901 TRAR SEREGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

- STATE

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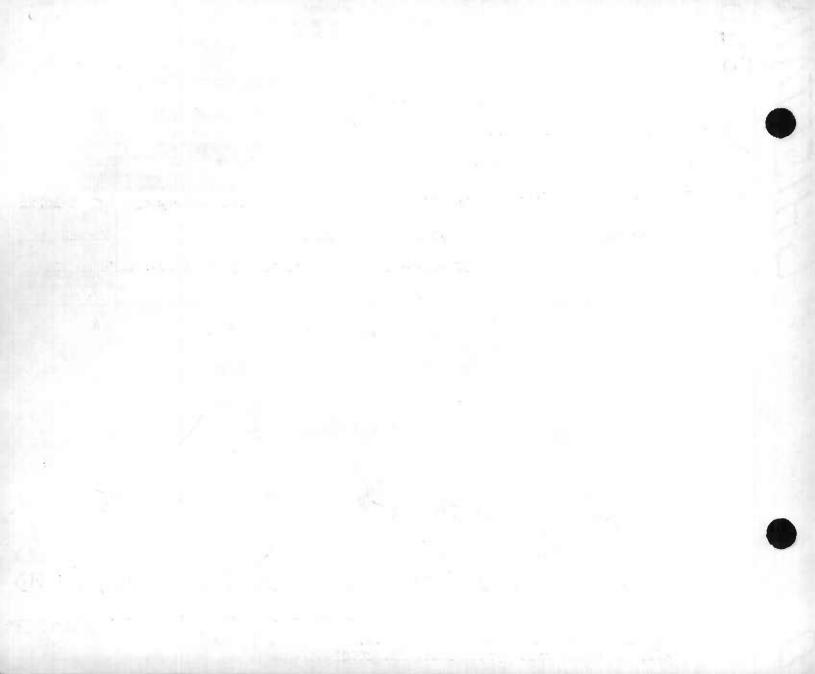
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STATE OF MARYLAND									
DEPARTMENT OF HEALTH AND MENTAL HYGIEN	E								
CERTIFICATE OF DEATH									

10	1.	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	8 7 6 6
19		DORIS	JEAN	NIÇELY	20. DATE OF DEATH MONTH	30 85 60 a
1	1. SE	Female	White	S. DÁTE/OF BIRTH APTIL 20° 1928	6. AGE (IN YEARS LAST BIRTHDAY)  56  YRS.	IF UNDER 1 YEAR IF UNDER 24 HR
1		Washington, DC		MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY <u>OR</u> COUNT Mont gomery	Y OF DEATH
11	,1	akoma Park	Washington Ad	AG HOME OR OTHER INSTITUTION PEREST HOSPITAL	120 USUAL OCCUPATION THE SEAT WORKING.	126 KIND OF BUSINESS CONTROL POST Office
36	Ma	ryland 196 cou	OTHER INSTITUTION GIVE RESIDENCE BEFOR	111e   134 INSIDE CITY LIMITS?	130.STREET ADDRESS / 710 COL 3918 Oglethor	
4	1	Walter VAS DECEASED EVER IN U.S. AR	Vermilli MED FORCES? 16b. SOCIAL SECU	on Helen  It informant	ME MIDDLE ADDRESS	French
7		NO OR UNKNOWN) (IF YES, GIV	579-38-	4602 Grover A. N	icely (Husband)	Same as 13e
qury, or other trouma	NO	Conditions, if any, which gave rise to immediate course (a), shaling the underlying course last.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEOU	ENCE OF  DEATH BUT NOT RELATED TO THE TERM		IVEN IN PART 110
Z	IL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	216. TIME OF INJURY HOUR A.M. MONTH D	OPERATION WAS PERFORMED  21c. HOW INJURY OCCUR	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES
17	WEDICA	IIF EITHER NOTIFY MEDICAL EXAMINES  21d INJURY OCCURRED  HILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE I	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
marked	2		told attracted the decreased from	- SUNT 10 0	2 . YY\ (A /\	100
MT. If Imm 21 is marked	4	22a I certify that (I) (this hospe	it of orbinded the decorate from 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE ATTENDING PHYSICIAN	death occurred on the dote and ha	that (I) (we) I) that (I) (we) I) that (I) (we) II that and I courses stated
MPORTANT If them 21 is marked	230. 1	27a I certify that (I) (this hosp sow the deceased alive on above (I) (we) (did) (did no	IT VIEW THE BODY OF THE PRINT   19  WELL 2   525    23b. DATE   23c. 17	DEGREE ATTENDING	DICAL STAFF DIRECTOR PHYSICIAN D	our and from Couses stated

DHMH - 16 50M 4/B3 (VRA 15, 4)

Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave. Hyattsville, Md. 20781



SERVINGE STATE   SOLICE OF BRITH   STATE   STATE OF TOWN OF DEATH   SOLICE STATE OF TOWN OF THE STATE OF TOWN	1.5EX   SALE OF BIRTH   S. DATE OF BIRTH   S. DAT	-3-	1. DE	REGISTRAR CEASED NAME	FIRST	MIDDLE	LAS	TATE OF D		20 DATE OF I	REG. NO.	ONTH	DAY	YEAR	2b. HOUR
MALE    SACE INTERESTANT   COUNTRY   MACRIED   SACE INTERESTANT BRIDGED   MACRIED   MA	SAME		(TYP		new	W	NICH	OLAS				3	11	85	TO U.S.
To city or town of death   10 city or town of death   10 city or town of death   10 city or town of death   11 city or town of death   12 city or town of death   13 city or town of death   13 city or town of death   14 city or town of death   15 city or town of death   16 city or town of death   16 city or town of death   17 city or town of death   18 city or town of	TOWN   U.S.A.   WIDOWED   DIONCED		3 SE	Х	4 RACE	White	5. DATE OF	BIRTH			RS LAST BIRTHE				IF UNDER 24
10 CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION   126 USUAL OCCUPATION   126 U	10 CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION   178 LUSUAL OCCUPATION   178 KND OF BUSINESS	6	7a B	COUNTRY)			MARRIED	NEVER A	MARRIED -	9 BALTIMOR		COUNT		-	
USUAL RESIDENCE (if Pulpished Grown or Children Restriction of the State Broad Sport)    State   138 COUNTY   136 CITY CRITICAL PRANCE   136 CITY CRITICAL PROPERTY   136 CITY CRITICAL PROPERTY   136 CITY CRITICAL PROPERTY   136 CITY CRITICAL PROPERTY   136 STREET ADDRESS / ZIP CODE   5415 Bradley Boulevard   216 ADDRESS / ZIP CODE   2415 Bradley Boulevard   216 ADDRESS / ZIP CODE   2415 Bradley Boulevard   2415 Bradle	USUAL RESIDENCE (IP Notation Contribution and residence serior and south south in the contribution of the residence serior and south in the contribution of the residence serior and south in the contribution of the residence and the course of parts of the course of the course of parts of the course of parts of the course of parts of the course of the course of the course of parts of the course of parts of the course of the	470	10 0		H 11. NAME	OF HOSPITAL, NURSI	NG HOME OR	OTHER INST		120 USUAL O	OR MOST OF V	N WORKING L	IFE) IN	L KINDO	
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18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)   PART I. DEATH WAS CAUSED BY   IMMEDIATE CAUSE BY   IMMEDIATE	No	160	14. F	FIRST	WIDDLE	Nichola	s	5. MOTHER'S	FIRST	ΛĒ					
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), stofting the underlying couse lost  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH HOUR A.M. MONTH DAY YEAR  (JETHER NOTIFY MEDICAL EXAMINER)  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING TO DEATH ON THE CONTRIBUTION OF INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART I OR PART 2)  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTION OF INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART I OR PART 2)  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF INJURY OF INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART I OR PART 2)  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF INJURY OF INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART I OR PART 2)  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF INJURY OF INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART I OR PART 2)  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF INJURY OF INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART I OR PART 2)  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF INJURY OF INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART I OR PART 2)  210. HOW ON THE CONTRIBUTION OF INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART I OR PART 2)  210. HOW ON THE CONTRIBUTION OF INJURY OF INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART I OR PART 2)  210. HOW ON THE CONTRIBUTION OF INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART I OR PART 2)  210. HOW ON THE CONTRIBUTION OF INJURY IN TIEM 18 PART I OR PART 2)  210. HOW ON THE CONTRIBUTION OF INJURY IN TIEM 18 PART I OR PART 2)  210. HOW ON THE CONTRIBUTION OF INJURY IN TIEM 18 PART I OR PART 2)  210. HOW ON THE CONTRIBUTION OF INJURY IN TIEM 18 PA	PART I. DE ATH WAS CAUSE DBY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTED TO THE TER	/ medica		YES, NO OR UNKNOWN)		5)				Nichola				, Mar	yland
YES   NO	YES   NO   NO   NO   NO   NO   NO   NO   N	froumat		Conditions, if ony, v	which diote	O, OR AS A CONSEQUE	Cer	elira	e He	morr	hig	e			
220 Certify that (1) (this hospital) attended the deceased from  Saw the deceased alive on  Obove, (1) (we) (dra) (did not) view tike body after death.	270 I certify that (I) (this hospital) attended the deceased from 3/1, 19 5, to 3/1, 19 5, that (I) (we) saw the deceased alive on 19 and that in (my) (worr) opinion death occurred on the date and hour and Irom the causes stated above, (I) (we) (with) (did not) view the body after death.  27b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF  DEVISIONAL STAF	prior to buriol, cremotian are	CATION	Conditions, if ony, v gove rise to immer couse (a), stating underlying couse	which diate the lost CONDITION	O, OR AS A CONSEQUED, OR AS A CONSEQUED, OR AS A CONSEQUED, OS CONTRIBUTING TO	DEATH BUT N		TO THE TERM	INAL DISEASE	OR CONDI	ITION GI	S, WE	RE FINDIN	GS USED
saw the deceased alive on 19 19 and that in (my) (and) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (and) (did not) view the body after death.	saw the deceased alive on 19 and that in (my) (war) opinion death occurred on the date and hour and from the couses stated obove. (1) (west (with) (did not) view the body after death.  72b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF  PHYSICIAN TO CHECTOR DRIVENION D	tal Hygine prior to buriol, cremotion or m. I snow one injury, or other troumate	CERTIFICAT	Conditions, if only, vegove rise to immercouse (o), stating underlying couse  PART 2 OTHER SIGNIF  190 DATE OF OPERATION  210, ACCIDENT WAS UNDER OR CONTRIBUTING CALL	DUE TO INDICATE TO THE TOTAL THE T	O, OR AS A CONSEQUED, OR AS A CO	DEATH BUT N H OPERATION	WAS PERFO	TO THE TERM	200 AUTOP	OR CONDI	20b. IF YE IN CERTI	S, WEI	RE FINDING CAUSES	GS USED OF DEATH?
	attending Medical Staff 3/11/85	th ond Mindel Hygiene prior to buriol, cremotion or orked or from 18 faces carp injury, or other froumats	CERTIFICAT	Conditions, if only, vegove rise to immercouse (a), stating underlying couse  PART 2 OTHER SIGNIF  190 DATE OF OPERATION  216, ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL  21d, INJURY OCCURRET	DUE TO which diote the lost  FICANT CONDITION  19b. CO  RIVING   21b. TIM HOUR LEXAMINER)  D 21e PLA (AT HOM	O, OR AS A CONSEQUE O, OR AS A CONSEQUE O, OR AS A CONSEQUE ON TRIBUTING TO ON TO THE OF INJURY P.M. ACE OF INJURY ACE OF INJURY ACE OF INJURY	DEATH BUT N H OPERATION  AY YEAR 19	WAS PERFO	TO THE TERM  RMED  JURY OCCURR	200 AUTOP	OR CONDI	20b. IF YE IN CERTI YI IN ITEM 18	S, WEI IFYING ES PART I C	RE FINDING CAUSES	GS USED OF DEATH? NO
Carol Bender 11510 Old Georgetown Rd., Rockville, Md.		with the State Dept. of Health and Mintel Hypinia print to burial, cremation.  IMPORTANT: If them 21 is marked as named and injury, or other traumated.	MEDICAL CERTIFICAT	Conditions, if only, vegove rise to immercouse (o), stoting underlying couse  PART 2 OTHER SIGNIF  21e, ACCIDENT WAS UNDER OR CONTRIBUTING CALL (IF EITHER NOTHY MEDICAL 21d. INJURY OCCURRED.  WHILE NOTWHATE ALL WORK  22e 1 certify that (1) (1) (1) saw the deceased obove, (1) (weet) (1) (weet) (2) (2). SIGN JURE  22d. PHYSICIAN'S NAM	DUE TO Which diote the lost of	O, OR AS A CONSEQUED, OR AS A CO	DEATH BUT N H OPERATION DAY YEAR 19 FARM, ETC.) DEATH BUT N DAY OPERATION DEATH BUT N DEAT	WAS PERFO	JURY OCCURR  JURY OCCURR  (corr) opinion of the Notice of	TOO AUTOF  YES   ED (ENIER NAIL  Jeoth occurred  MEDICAL  MEDICAL	OR CONDI	20b. IF YE IN CERTIN YI IN ITEM IS	PART I C	RE FINDING CAUSES CAUSES COUNTY  Part 2)	GS USED OF DEATH? NO STAI

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THE PLEASURE NO. 1 CONTROL DESIGNATION AND ASSESSED.

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FOR

STATE
REGISTRAR

## STATE OF MARYLAND

STATE OF MARTEAND	- 2
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	6
CERTIFICATE OF DEATH	

92039	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. N	0	
1		CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR	2b. HOUR
1 (3)	(TIPE	CHA	RLES FREDERICK NO	ORMAN	MARCH 23	1985	6:25 a
	3 SE		4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER 1 YEAR	FUNDER 24 HRS
1 11	I	IALE	CAUCASIAN	JANUARY 21 1918	67	YRS	NOURS MIN.
	PE	RTHPLACE (STATE OR FOREIGN	76, CITIZEN OF WHAT COUNTRY? UNITED STATES	MARRIED NEVER MARRIED WIDOWED DIVORCED		RY COUNTY	M
21		BETHESDA	(IF NOT IN SUCH FACILITY, GIVE STREET NAVAL HO		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O RETIRED	OF WORKING LIFE) INDUSTRY	
67	NE NE	W JERSEY CAL	OTHER INSTITUTION GIVE RESIDENCE BEFORE  ATY  ADEN  GLOUCES	ADMISSION)  N TER CITYSXXX NO [	13e STREET ADDRESS 124 LAMBE	ZIP CODE RT AVENUE	08030
1 10 11/0	MEA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LA	AST
1 1/1/10		WILLIAM FRAM			THERINE MAR	IE EYDLER	
1 11 12	160 V	VAS DECEASED EVER IN U.S. AR	E WAR OR DATES)		ADDR		
1 11 0		YES 1942	2-1963 179-07-2	THOMAS L.NORM			OUCESTE
the deoth certifier the attending procession of the composition, or remote traumatic even		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)				
1 100		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PART 1	10
4 112	ATION		OTIC VASCULAR DI		2017		
1 1110	CERTIFICA	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NOX	206. IF YES, WERE FINDS IN CERTIFYING CAUSES YES	INGS USED S OF DEATH? NO
9		210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)	
other the the thought the the the the the the the the the t	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.) 21f LOCATION SIREET	CITY OR TO	VINOS COUNTY	STATE
CTOR A CTOR A CTOR A If the other of Health	13		tol) offended the deceosed from MARCH 23 19 8	MARCH 21 , 19.85 35 , and that in (my) (our) opinion in	toMARCH 2.2 death occurred on the d		, that (I) (we) lo e causes stated
M. DRE No OM, DRE Addressed detached		17h Shematury A	Jelaca	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF 257	MARS
O PUNE Posed to MPORTA		W. A. DELA	CEY, LT, MC, USN	27e ADDRESS NAVAL	HOSPITAL, NA	AVAL MEDICAL	COMMANI D 20814
18999		URIAL, CREMATION, REMOVAL BURIAL		JAME OF CEMETERY OR CREMATORY  GREENWOOD CEMET	236 LOCATION	PENN	VSYLVAN

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

HOMES,

ROBERT A. PUMPHREY FUNERAL BETHESDA, MARYLAND

736. DATE REC'D BY REGISTRAR 356 REGISTRAR'S SIGNATURE MAR 2.8 1985

arrived destroyers itsensives y said weeds and arrived entrol simes ... entrol mast .t' .to olynthonou goth piece .f a m.E' colle-go-875 .30 .0. First and I construe the substance to the first to.e. I elec 6100 cres Hill ad. Pres ill, I c. 099050

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

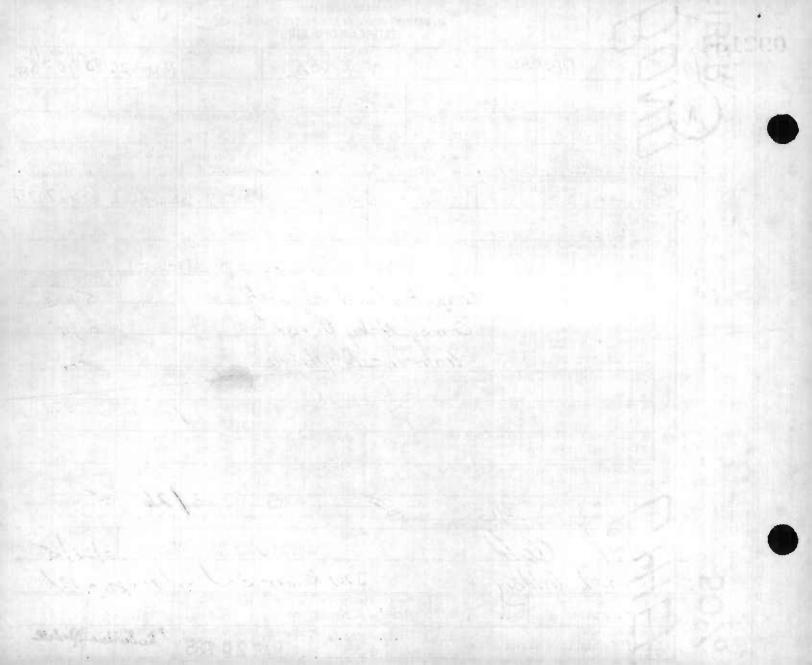
1	7-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	IENE REG. NO	0.				
ŀ		CEASED NAME FIRST		MIDDLE	ı	AST	20. DATE OF DEATH		DAY YEAR	26 HOUR	?	
١	(TYPE	GERTE	UDE LOU	ISE NOVO	SEL		MARCH 30	1985		9:39	9 P <sub>M</sub>	
ì	3. SE)	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 2		
	/	FEMALE	CAUCAS			EMBER 16 1936	48	YRS.	MONTHS DATS	HOURS	MIN	
1		RTHPLACE (STATE OR FOREIGN NEBRASKA	Th CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	DIN NEVER MARRIED	9 BALTIMORE CITY O MONTGOME	_	Y OF DEATH		MD.	
7		ETHESDA		HOSPITAL, NURSING PACILITY, GIVE STREET NAVAL HOS	NG HOME C	OR OTHER INSTITUTION	170 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF HOUSEWIE	F WORKING L	17% KIND OI INDUSTRY	F BUSINES		
3		AL RESIDENCE (IF NURSING FOME OR STATE 196 COUNTY PRINCE	OTHER INSTITUTION	GIVE RESIDENCE BEFORE  136. CITY OR TOWN  WOODBRIE		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP COD		192	9	
2	14 FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAST			
		JAMES HERE					ER MORRISON	I				
3	160 V	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	ADDRE	SS				
	N	0		478-36-	7902	JOHN J.NOVOS		1 HAI				
		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE IMMEDIA	ly ane cause per D BY. 'E CAUSE (a)	r line far (a), (b), an METAS:	TATIC	ADENOCARCINOM	GE, VA 22192  MA OF LUNG  APPROXIMATE INTERV. BETWEEN OMSET AND DE					
1			- P. C. C.	R AS A CONSEQU								
1		Conditions, if any, which				, , , , , , , ,						
		gave rise to immediate couse (a), stating the underlying cause lost	DUE TO, O	R AS A CONSEQUE	ENCE OF							
	NO	PART 2. OTHER SIGNIFICANT		ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PART 110			
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERAT			N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES ES X	GS USED OF DEATH	1?	
		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A	OF INJURY ,M. MONTH D. .M.	AY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART ( OR PART 2)			
	MEDICAL	21d INJURY OCCURRED  WHILE OF WORK AT WORK		OF INJURY REET, FACTORY, OFFICE I	FARM, ETC }	STREET	CITY OR TO	WN	COUNTY	51	ATE	
		220.1 certify that (1) (this hospital) attended the deceased from MARCH 30 19 85 to MARCH 30 19 85 that (1) (we) last saw the deceased alive an MARCH 30 19 85 and that in (my) (our) apinian death accurred an the date and haut and from the causes stated above. (1) (we) (did) (did) (did) riview the bady after death										
		27b. SIGNATURE	7	MEDICAL STAP	IAN 🗌	1 A	PRE	35				
		H.P.LIEBERT		IC, USNR		NATIONAL CAP						
		BURIAL, CREMATION, REMOVAL	23b. DATE 4/03/8			EMETERY OR CREMATORY	Triangle	Pr. U	Villi am	V	2/t	
		INERAL DIRECTOR In Engham-Mounto	istle F.	.H. ADDRESS	13318 odbrio	Occoquan 250 APT	REGO. BY REGISTRAR	25b REGIS	IRARIE SIEMAN	MELDE		

DHMH - 16-69M 7/84 (VRA 15, 4)

OSTANT If them 21 is marked or them 18 shows any



Silver Spring, Md



- STATE REGISTRAR REG. NO DECEASED NAME NATHAN 20 DATE KNOWN (TYPE OR PRINT) OBENG DEATH MATER 4. RACE & AGE (IN YEARS | IF UNDER 1 YR. LIFTINDER 24 HRS DATE LAST RIGTHDAY) MONTHS PRONOUNCE MARRIED NEVER MARRIED West Africa USA DIVORCED WIDOWED [ D CITY OR TOWN OF DEATH I. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Student School 13d. INSIDE CITY LIMITS? 13e STREET ADDRE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Obene Eloise Catherine 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Brother 19205 Coley Street Walter Wadlington -Detroit, Mich. 48219 (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) N/A 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ 210. EXTERNAL CAUSE WAS 21b. TIME OF INTURY CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 211 LOCATION WHILE NOT WHILE 220. I certify that I took charge of the remains described above, held on Autopsy Suicide V death resulted from: Notural couses Accident Hamicide L Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER John S. Rogers, DME 1919 Seminary Road, Sil. Spr. M d. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE Burial Mar. 30, 1985 Woodlawn Cemetery Detroit 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 11800 N.H. Ave., **DHMH - 17** Hines/Rinaldi Funeral Home (VR A15 ME (5)) Time Naydoon-Handall Silver Spring, Md.

STATE OF MARYLAND

FOR STATE

# STATE OF MARYLAND

	REGISTRAR		CERTIF	ICATE OF DEATH		REG. NO.			
	ECEASED NAME FIRST	MIDDLE	1	AST O	20. DAT	E OF DEATH MON	TH DAY	YEAR OF	26 HOUR
2.00	Lillia	N N N N N N N N N N N N N N N N N N N	5. DATE C	Sounor	A ACE	(IN YEARS LAST BIRTHDA	0 07	85 DER I VEAR	IF UNDER 24 HRS
3 SE	Family	A .	MONTH	DAY YEA	à 1	LIN TEARS LAST BIRTHUA	WOWIH	-	HOURS MIN.
7a 8	BIRTHPLACE (STATE OR FOREIGN	CAUCASI AND	17 1		9 BALT	IMORE CITY OR C	OUNTY OF D	EATH	
Ve	nnsylvania	Pennsylvani	MARRIEI	DIVORCE	M	entame	CV		MD.
10 0	LITY OR TOWN OF DEATH	I NAME OF HOSPITAL NURS	ING HOME C		N 12a USI	JAL OCCUPATION WORK FOR MOST OF WO	DRKING JEEL IN	KINDO	F BUSINESS OR
3	river Spring	Moly LROSS	2 10	spital	- 0	ctronics			MycroDyne
13a	STATE 13 COUNT	TY 13c. CITY OR TO		134 INSIDE CITY LIM	ITS?   13e STRI	EET ADDRESS / ZI	CODE	21	1442
	Id. Montg	omery Wheato	n	YES NO THER'S MAIDE	118	19 Colleg	e View	Dr.	112
	FIRST	IDDLE LAST		FIRST		MIDDLE		{AS	7
	Frank Agnello WAS DECEASED EVER IN U.S. ARM	MED FORCES? 166 SOCIAL SE	CURITY NO.	Josephine 17 INFORMANT	Olveri	10276 W	#	/sl m s s	
N		200-05-	4136	J. Joseph (	2' Canna	Columbi	ayover	1016	
	18 CAUSE OF DEATH (Enter only	y ane cause per line for (a), (b),	and ic-		COMM	C COLUMNA	A MULL	APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSED	4 10 1	PIRATO	ory F.	AILUR	E	7		UTES
		DUE TO, OR AS A CONSEC	UENCE OF					<u> </u>	110
	Conditions, if any, which	DUE TO, OR AS A CONSEC	EKSIBL	E HYPOX	14			1 4	<
	gove rise to immediate cause io), stating the	DUE TO, OR AS A CONSEC	UENCE OF	- 0			00/	100	
	underlying cause last	( CEND S	199E	EMPH	SEMA	+ 00	PUI	147	
z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE	E TERMINAL DIS	EASE OR CONDITI	ON GIVEN IN	PART 1	)
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	1 20g /	AUTOPSY? 70	b. IF YES, WER	RE FINDIN	NGS USED
IFIC					YES		CERTIFYING YES	CAUSES	OF DEATH?
CERI	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		216 HOW INJURY O				RPART 21	
	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH	DAY YEAR	The second of					
MEDICAL	216 INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION		CITY OR TOWN	C	OUNTY	STATE
Σ	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFIC	E, PARM, EIC )	,					
	220.1 certify that (1) (this hospital	al) attended the deceased from	1	, 19_	60 , to_	3/4	. 19		that (I) (we) last
	saw the deceased alive on above_() (we) (did) (did nat)	view the body after death.	55 on	d that in (my) (our) ap	oinion death oc	curred on the date of	and hour and	from the	couses stated
	27b. SIGNATURE	2/200001	tull !	DEGREE	INC . MAEDIC	TAL STAFF		20 DATE	SIGNED
•	Jucrevia and	saeure, u	ap		IAN DIREC	TOR PHYSICIAN			
	RICHARD	P. DELANEL	Mo	4272 H	(AVAR)	STS	14,5	6	40 30981
23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23i	NAME OF C	EMETERY OR CREMAT		OCATION		7,	0 200
B	Burial		arklaw			OCKVILLE	MONT.	NTY	MD STATE
24 F	UNERAL DIRECTOR FRANCI	ADDRESS	500 UN	IVERSITY 25	a. DATE REC'D.				YRE .
1 7	BLVD. WEST. SILVE	ER SPRING! MD	20901		MAK /	1985	Ma David	CODE A-B	

DHMH - 16 60M 7/84 (VRA 15, 4)

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MPORTANT: If Hem 21 is marked or Hem 18 shows any

should be detached for use as the brawth the State Dept of Health and N TO FUNERAL DIRECTOR.

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FOR STATE REGISTRAR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

							. 140.			
1 DECEASED NAME FIR	est »	MIDDLE	LA	ST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOI	JR
THO	MAS DANIEL	OKEEFE				MARCH	22 1985		10:3	BOP M
3 SEX	4 RACE		S. DATE O	F BIRTH	YEAR	6 AGE (IN YEARS LAS	BIRTHDAY)	WONTHS DAYS		
MALE	CAUCASI	AN	AUG	04	01	83	YRS	NONINS DATS	ROURS	MIN.
HE BIRTHPLACE (STATE OF FOREK	ON 76 CITIZEN OF V	WHAT COUNTRY?	8	ET NEVED	MARRIED -	9 BALTIMORE CIT		Y OF DEATH		
MASSACHUSETTS	USA		WIDOWE		VORCED T	MONTGOM	FDV			AAD
10 CITY OR TOWN OF DEATH	11. NAME OF H	IOSPITAL, NURSING	HOME O			120 USUAL OCCUP	ATION		OF BUSIN	ESS OR
BETHESDA		AVAL HOSP			E 410	PETT DE I		er NAV		
USUAL RESIDENCE HE NURSING	OME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE AL	DMISSION)					201	1 2 . 12 .	ALH
	FAIRFAX	MCLEAN		13d INSIDE C	ITY LIMITS?	13e STREET ADDRES		-		777
14 FATHER'S NAME	PAIRPAA	MOLEAN			S MAIDEN NAM	6251 OLD	DOMIN	LON DR.	376	-
FIRST	MIDDLE	LAST			FIRST	WIDDL		L	AST	
THOMAS DANI		M. COCIAL SECURI	TV NO			r NMN CONT	T II II III			
(YES NO OR UNKNOWN) (IF	YES GIVE WAR OR DATES)	166 SOCIAL SECURI	IIY NO.	17. INFORMA		6251 OLD				
YES	1918-1960	577-48-49	14	DICIE	OKEEFE	MCLEAN, V	/IRGIN]			
18 CAUSE OF DEATH (E) PART I, DEATH WAS O	nter anly ane cause per	line far (a), (b), and (	ICN I					APPRO BETWEEN	XIMÀTE INTE	RVAL D DEATH
PARTI, DEATH WAS C	AEDIATE CAUSE (a)	SEPTIC S	HOCK							
		AS A CONSEQUEN								
Conditions, if any, wh		MALIGNANT		TOCYT	OSTS					
gave rise to immedia	ote		415							
	DUE TO, OR	AS A CONSEQUEN	ICE OF							
PART 2 OTHER SIGNIFIC	(5)	NATURAL TO DE	A TI I DI IT I	IOT OF LATER	TO THE TERM		0.101710110			
	.ANT CONDITIONS <u>CC</u>	INTRIBUTING TO DE	AID BUIL	NOI KELAIEL	O THE TERMI	IN AL DISEASE OR CO	SNOTTION G	VEN IN PAKE	10	
190 DATE OF OPERATION	19h CONDI	TION FOR WHICH O	PERATION	WAS PERFO	RMED	200 AUTOPSY?	I 20h JE YI	S, WERE FIND	INGS LISE	:D
2	178. CO.101	nor row which o	. EKPTTO	TAUTERIC	, M, MED		IN CERT	IFYING CAUSE	S OF DEA	TH?
210 ACCIDENT WAS UNDERLY	ING   21b. TIME OF	The Helpy		21. 1101111	LHIBY OCCUPA	YES NO		ES	NO [	
On contramination [ ] course		A. MONTH DAY	YEAR	ZIE HOW IN	IJURT OCCURR	ED (ENTER NATURE OF	NJURY IN ITEM 18	PART I OR PART 2)		
(IF EITHER NOTIFY MEDICALE)		۸,	19							
(IF EITHER NOTIFY MEDICALE)  21d INJURY OCCURRED	21e. PLACE C	OF INJURY EET FACTORY OFFICE FAR	M FIC.)	211 LOCATE		CITY O	RTOWN	COUNTY		STATE
WHILE NOT WHILE		and the state of t								
22a.1 certify that (I) (this	hospital) attended the	deceased from M	AR 10		19 <del>-85</del> -	, to MAR 2	2	19 85	, that (1) (	(we) last
the deceased a	we on MAR 22	19 00		that in (my)	(our) opinion d	leath occurred on the	e date and ho	ui and from the	e causes st	lated
27h Signature //	and hor; we've the body to	7		EGREE			-	/ 122c. DAT	ESIGNED	
Wille	an ah	Johaca	n		ATTENDING		TAFF 3	25	mAR	85
226 PHYSICIAN'S NAME	TYPE OR PRINT			22e ADDRES		DIRECTOR PHY	SICIAN			
U A DE	TACEV TO	MC HOND		STATES	***				0814	
	LACEY, LT,		145.65.6	NAVAL	HOSPIT	AL BETHES	DA, NMC	VCR, BET	HESD/	L, MD
23a BURIAL, CREMATION, REM					ematory	236 LOCATION	and, MI	COUNTY		STATE
Cremation				TTT OIL				,		3 7
24 FUNERAL DIRECTOR JOS	eph Gawler	s Sons, I	nc.		25a. DATE	REC D. BY REGISTR	AR 251 REGIS	DAR'S SIGNA	Mande	00
5130 WI	Ave. N.W. V	vasn., DC	,		I MA	R 2 9 1985	17	. 1401		

DHMH - 16 60M 7/B4 (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W PRESTON ST., BALTIMORE, MARYLAND 2120

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR			CERTIFICATE OF DEATI	REG. NO.	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	CEASED NAME	MO Sina	WIDDLE	LAST LAST	20 DATE OF DEATH MO	V- 12-85 4/:1
3. 6E	× Mala	1 RACE	hita	DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD)	MONTHS DATS HOURS
	IRTHPLACE (STATE OF F	OREIGN 76 CITIZEN OF	F WHAT COUNTRY? 8	MARRIED NEVER MARRIE	9 BALTIMORE CITY OR C	YRS COUNTY OF DEATH
	IRGINIA	U.S.A		HOME OR OTHER INSTITUTION		MELLY WE KIND OF BUSINES
S	Ine Sply		JCH FACILITY, GIVE SIREET ADI		(TYPE OF WORK FOR NOST OF WI	
13a S	AL RESIDENCE (IF NURSI STATE ARYLAND	ING TOME OR OTHER INSTITUTION 136 COUNTY MONTGOMEY	N GIVE R SIDENCE BEFORE AD	MISSION) 134 INSIDECITY LIA YES TO (		~// /X
	AVAILABLE	WIDDLE	LAST =	UNAVAILAB	DENNAME	LAST
	WAS DECEASED EVER	IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES)	718-18-84		ADDRESS	
		DUE TO	AS A CONSEQUEN	CE OF		
	Conditions, if ony, gove rise to imm couse (a), stoting underlying couse	nediote g the lost	OR AS A CONSEQUEN	CE OF		
ERTIFICATION	gove rise to imm couse 101, stotin underlying couse  PART 2 THE SIGN  THE DATE OF OPERAT	IFICANT CONDITIONS CONTINUES CONTINU	ONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE	YES NO	ON IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO
MEDICAL CERTIFICATION	gove rise to imm couse (or, storing underlying couse)  PART 2 THE SIGN  110. DATE OF OPERAT  210. ACCIDENT WAS UND OR CONTRIBUTING CIFETIMEN NOTIFY MEDIC  216. INJURY OCCURR	DUE TO, C   DUE TO, C   C    AIFICANT CO-IDIT    DERLYING   AUSTOPE    AUSTOP	CONTRIBUTING TO DE	PERATION WAS PERFORMED  YEAR  21c HOW INJURY (	JOH AUTOPSV? 20	OR IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH YES NO
	GOVE FISE TO IMPRICATE TO THE STORY OF THE S	DERIVING TALES AND THE PLACE TO THE PLACE THE	ONTRIBUTING TO DE	PERATION WAS PERFORMED  YEAR  216 HOW INJURY (  216 LOCATION  19 ond that in (Ny) our) of DEGREE  ATTENER	OCCURRED (ENTER NATURE OF INJURY IN	ON IF YES, WERE FINDINGS USED NCERTIFYING CAUSES OF DEATH YES NO THEM IS PART I ORPART ?)  COUNTY ST.  COUNTY ST.  OND HOUR ORD FROM THE AMARS STOLEN

DHMH - 16 60M 7/84 (VRA 15, 4)

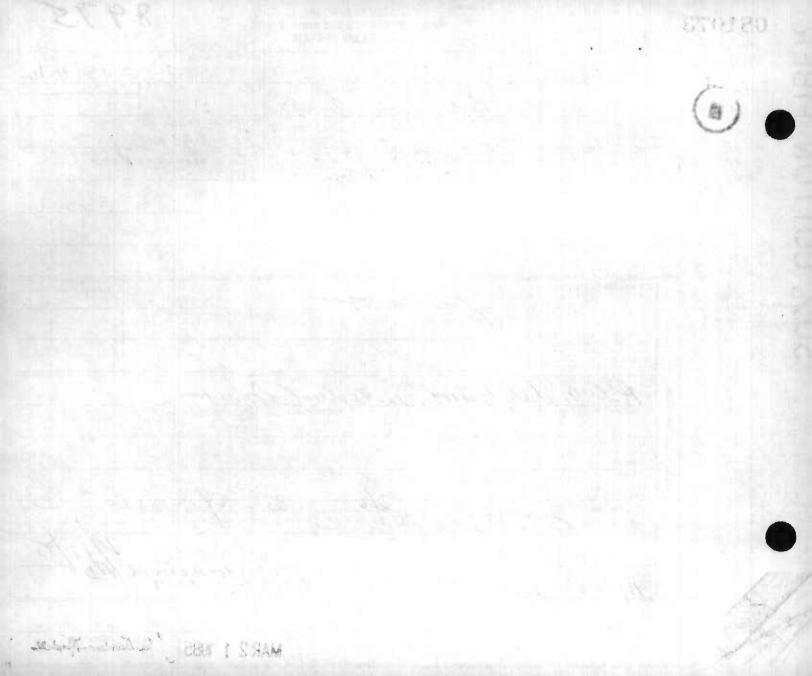
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove carbowith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar re-

OR ATTENDING PHYSICIAN: The low offending physicion

retained by the hospital or

BP.

24 FUNERAL DIRECTOR W.H. BACON FUNERAL HOME INC. 3447 14TH ST, N.W. MAR 2 1 1985 Registrar 256 Registrar s. signature



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morked or

TO FUNERAL DIRECTOR: should be detoched for us with the State Dept. of He-IMPORTANT; if them 21 is in

DHMH - 16 50M 4/83 (VRA 15, 4)

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FOR STATE REGISTRAR

FIRST

I. DECEASED NAME (TYPE OR PRINT) STATE OF MARYLAND

REG. NO.

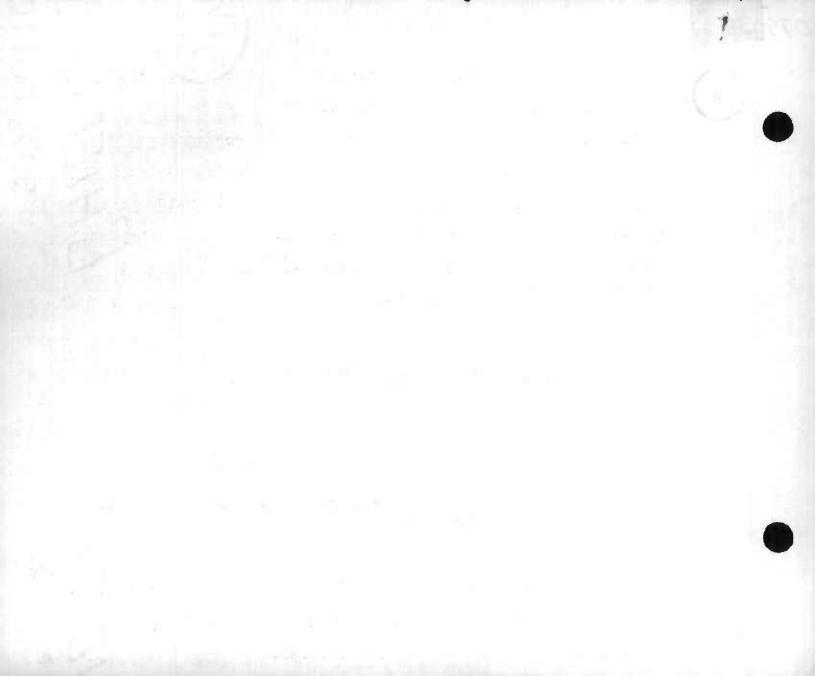
MONTH

26. HOUR

20 DATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	Ma	iry		C.	USD	orne	March 14	, 19	85	DAM M
3. SE.	X		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
	Female		Whit	e	Apr		65	YRS.		HOURS MIN.
	RTHPLACE (STATE ORF	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
W	ash.D.C.		USA		WIDOWE	DIMORCED [	Montgom			MD.
	ITY OR TOWN OF DEA		12517	H FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPAT (1YPE OF WORK FOR MOST C Retired-	OF WORKING LIFE)	126 KIND O	F BUSINESS OR
USU.	AL RESIDENCE (IF NURSI	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		134 INTERIOR CITY I INTERIOR	· The state of the		<del>doon</del>	uck Co.
1	Md.	Mor		S.S.	N	YES X NO _	12517 Wa		ane	2904
14 FA	ATHER'S NAME		MIDDLE	LAST		IS MOTHER'S MAIDEN NA	ME		LAS	1
S	averio		В	uonviri		Concetta			1Casa	le
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT Sam	e as 13EDR	ESS		
j	None	(	· ····································	579 07	9206	Edith B. S	apienza (S	ister	)	
	18 CAUSE OF DEATH	H (Enter on	ly one couse per	line for (a), (b), and	lie.t					MATE INTERVAL DINSET AND DEATH
			D BY: E C AUSE (o)	Luis	(ANO	+ 17			8 1961	741
		MINEDIA		U						
	Conditions, if ony,	which	DUE TO, O	R AS A CONSEQUE	NCE OF					
	gove rise to imm	nediote	) (6)							
	couse (o), stating underlying couse	g the lost.	DUE TO, O	R AS A CONSEQUE	NCE OF					
	DARI 2 OTHER CICA	UEIC ANIX (	(5)	ONT DIDLITING TO F	S A THI BILLT	NOT RELATED TO THE TERM	ALL DISCASS OF COL	IDITION CIVE	NI IN L DA DY A	
Z	PART 2 OTTER SIGN	VIFICAINT (	ONDITIONS CO	DIALKIBO LING TO E	ZEATH BUT	NOT RELATED TO THE TERM	TINAL DISEASE OR CON	DIFION GIVE	M RAPAKI III	,
MEDICAL CERTIFICATION	19a DATE OF OPERAT	ION	19h COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES.	WERE FINDIN	NGS USED
FIC								IN CERTIFY	ING CAUSES	
ERT	21a ACCIDENT WAS UND	ERIYING T	7 216 TIME O	F IN IURY		21c HOW INJURY OCCUR	YES NO	YES		NO []
0 1	OR CONTRIBUTING		110110	M. MONTH DA	Y YEAR	THE PROPERTY OF COMM	TENTER NATURE OF INJU	MI DALIEW OF LAS	(i ; OK PAKI 2)	
I CA	(IF EITHER NOTIFY MEDIC				19	AN LOCATION				
WED	21d INJURY OCCURR		21e PLACE	OF INJURY REET, FACTORY OFFICE, F	ARM ETC )	211 LOCATION STREET	CITY OF TO	)WN	COUNTY	STATE
-	A WORK AT WOR	SK L						77	-	
	22a I certify that (I)			e deceased from		4507 F @ 10 84	1 10 March	13 1		that (I) (we) lost
	sow the decease above, (1) (we) (d	lid) (did no	t) view the body	diter deoth.		nd that in (my) (our) opinion	death occurred on the d	ote and hour	ond Irom the	couses stated
	275 SIGNATORE	1	111	EL COTET	2	DEGREE	f uspical str		22c DATE	SIGNED
	Hewy	1	Elen	ML	)		MEDICAL STA	CIAN	5/14	185
	22d. PHYSACIAN SAM	UME CTIFE O	of on			22e ADDRESS			Suit	e 460
	Dr. Harv	rey l	(atzen,	M.D.		6525 Belo	rest Road	Hyat	ts.Md	•
	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION			
F	Burial		3/18/	85 M	t.01:	ivet Cemete:	ry Wash.D	· C	COUNTY	STATE
	UNERAL DIRECTOR					25a. DAT	E REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNAT	URE
	Hines/Rin	naldi	11800	New Ha	mp.A	ve.S.S.Md	15 1005	Luka Das	Herman The	and m



		FOR			F MARYLAND LTH AND MENTAL HYGI	ENE 0	8 9 7	1
09217	1		on Oshero		S CERTIFICATE OF D	EATH REG	NO.	of the plant
Ward Son F		CEASED NAME PE OR PRINT)	Hon	MIDDLE	LAND OF	OF ESTI-	MONTH DAY	YEAR 75 HOUS
	3. SEX		S. DATE OF BIR		FUNDER TYR. IF UNDER 24 HR ONTHS DAYS HOURS MIN	RS. 20 DATE PRONOUNCED DEAD	MONTH DAY	YEAR 24 HOUR
1	FC	IRTHPLACE (STATE OR DREIGN COUNTRY)  NEW YOR	76 CIVIZEN OF	USA. WI	ARRIED NEVER MARRIED DOWED DIVORCED	9 BALTIMORE CIT	Y OR COUNTY OF DE	ATH CVY MD
A PAGE	10	AL RESIDENCE (IF IN OUR	(IF NOT IN SUC	FERW CKL		USUAL OCCUPATION FOR MOST OF WORKING LIFE) ATTORNE		DOF BUSINESS INDUSTRY
D. 21201 IF AND 3 E.	13a S	state of	ISLOUNTY ONE	N. GIVE RESIDENCE BEFORE ADMISSION) 134. CITY OR TOWN	YES NO NO	STREET ADDRESS 316 Fenu	vick Leno.	AH11103
DO SEE ME	1	MORRIS	MIDDLE	OSHEROFF	RACHEZ	MIDDLE	WEIS	SMAN
SATTER D GIVE PAG TITH FORM VPSICH O	60 \		N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	UNKNOWN	MINNA ROSDO	L (SISTER)	ESS 9502 WIR SILVERSPR	RE AUE.
, 201 W. PRESTON ST., BA CUTED WITHIN 24 HOURS, IN PENCIL IN ITEM 18. G EXAMINER ALONG WITH RIAL - TRANSIT PERMIT PA NO MENTAL HYGIENE, DIVI ION, OR REMOVAL.		PART I DEATH WA	ny, which mmediate	OR AS A CONSEQUENCE OF	et ic icne,	hil D v Dis	BETWEE	ROXIMATE INTERVAL IEN ONSET AND DEATH
VITAL RECORDS, 201 W. F. SHOULD BE EXECUTED WIT ORDS "PENDING" IN PENC. CHIEF MEDICAL EXAMINE BE USED AS A BURIAL - TRA BE USED AS A BURIAL - TRA HALL AND MENTAL TRAIN OF HEALTH AND MENTAL TRAIN OF TRA	CERTIFICATION	PART 2 OTHER SIGNIFICANT  190 DATE OF OPERAT  210 EXTERNAL CAUSI	NO 196 CON	NOTION FOR WHICH OPERATION OF INJURY	N WAS PERFORMED?		YE	UTOPSY?
DIVISION OF VII THIS CERTIFICATE SH WARDED TO THE CY PAGE 3 SHOULD BE L TATE DEPARTMENT 21201 PRIQR TO HIS	MEDICAL CE	UNDERLYING OCONTRIBUTING CONTRIBUTING CONTRIBUTING COURRI WHILE NOT WAT WORK AT WORK	AUSE OF DEATH  ED 21e PLAC STREET,	A.M. MONTH DAY YEAR P.M. 19	C HOW INJURY OCCURRED IEN  LOCATION  STREET	CITY OR TOWN	COUNTY	STATE
EDICAL EXAMINER: THE THE CERTIFICATE A SHOULD BE FORT NERAL DIRECTOR: DEATH, WITH THE S AORE, MARYLAND,		22a I certily that I is death resulted from.  ACTUAL SOLUTION	Natural causes		TITLE (SPECIFY)	determined manner	DATE SILVER Sea	124,95
TO FUN PAGE L TO FUN BATTER BATTER	23a.B	TITYPE OR PRINT) BURIAL, CREMATION, RE SPECIFY) BURIAL		1236 NAME OF CEMETE		LOCATION CHURCH	COUNTY VIRGINI	STATE
25M DHMH - 17 (VR A15 ME (5))	10.	UNERAL DIRECTOR	NEVAL HOME	RESS SILVER SPRING	250. DATE REC'D		edistrar's signatura Davidson-Par	

ac. 1500 MAY TOWNSTAK 271 CSHORETE RAZHEZ WEISSMAN 165

BP.

082163

REGISTRAR 1 DECEASED NAME

TO BIRTHPLACE (STATE OR FOREIGN

Silver Spring

USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION 130 STATE Maryland Montgomery

160 WAS DECEASED EVER IN U.S. ARMED FORCES

Kentucky

14 FATHER'S NAME Edgar

3. SEX Male William

4 RACE

76 CITIZEN OF

United 11. NAME OF

3443

FOR STATE

DEPARTI	MENT OF H	OF MARY EALTH AND ICATE OF	MENTAL HYG	IENE 5	REG. NO	0	8	9 1	7 9	
MIDULE	t	AST		20 DATE OF	DEATH	MONTH	DAY	YEAR	2b HO	UR
Edgar	(	wen		Marc	h 4,	198	35		7:0	00ам
RACE	5. DATE C			6. AGE (INY	ARS LAST BIRT	HDAY)		NDER I YEAR	-	R 24 HRS
Caucasian	Nov.	29°,	1903	8	31	YRS	WOW	THS DAYS	HOURS	MIN.
CITIZEN OF WHAT COUNTRY?	8	VI NEVE	R MARRIED	9 BALTIMO	RE CITY O	R COUNT	Y OF	DEATH		
nited States	WIDOWE		DIVORCED [	Mont	gomen	cy C	ou	nty		MD.
1. NAME OF HOSPITAL, NURSIN		R OTHER IN	ISTITUTION	17a USUAL (			er.	12b. KIND C	F BUSIN	IESS OR
		e Wor	1d Blv	Sale	esmar		(IFE)	Autor	nob:	ile
ther institution give residence before 1130 CITY OR TOWN SOMETY SILVERS	ADMISSION)		CITY LIMITS?	3443			re	Wor!	0900 1d 1	5 Blvd
Owen Owen		15 MOTHE	r's MAIDEN NA FIRST arah	ME	MIDDLE		W:	i1mu		
ED FORCES? 166 SOCIAL SECU	IRITY NO.	17 INFORA	MANT		ADDRE	SS				
276-01-	4469	Luci	11e M.	Owen	, san	ne a	s#:	13		
one cause per line for (o), (b), on BY. CAUSE (o)	dicti	crest						BETWEEN	MATE INTI ONSET AN	
DUE TO, OR AS A CONSEQUE	NSERF-	Fuct	Tup Lu	4	lisea	se				
				1						

18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)	ly one cause per fine for (0), (b), and (c)  D BY:  E CAUSE (a) Co. Line over t	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
Conditions, if ony, which gove rise to immediate couse to: storing the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF HEART Faithere  DUE TO, OR AS A COMPEQUENCE OF HEART Faithere	

90 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED		20b IF YES, WERE FINDS IN CERTIFYING CAUSE: YES \(	
216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY	IN ITEM 18 PART ( OR PART ?)	
71d. INJURY OCCURRED  WHILE NOT WHILE ALL WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	N COUNTY	STAT

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Mar.4, 1985

224 PHYSICIAN'S NAME (TYPE OR PRI

22e ADDRESS 3701 Rossmoor Blvd.

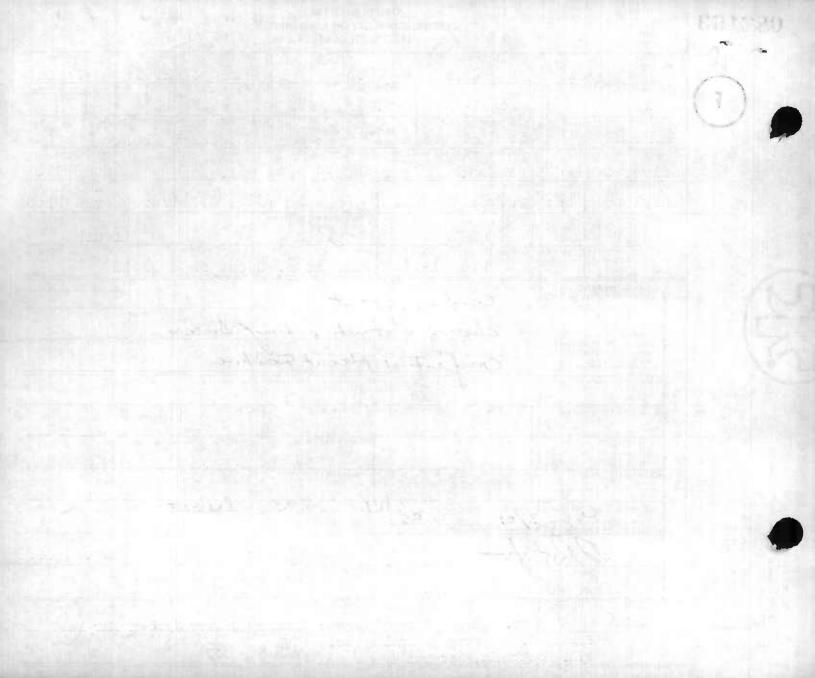
Alberto Rotsztain, M.D. 230 BURIAL, CREMATION, REMOVAL 23b. DATE

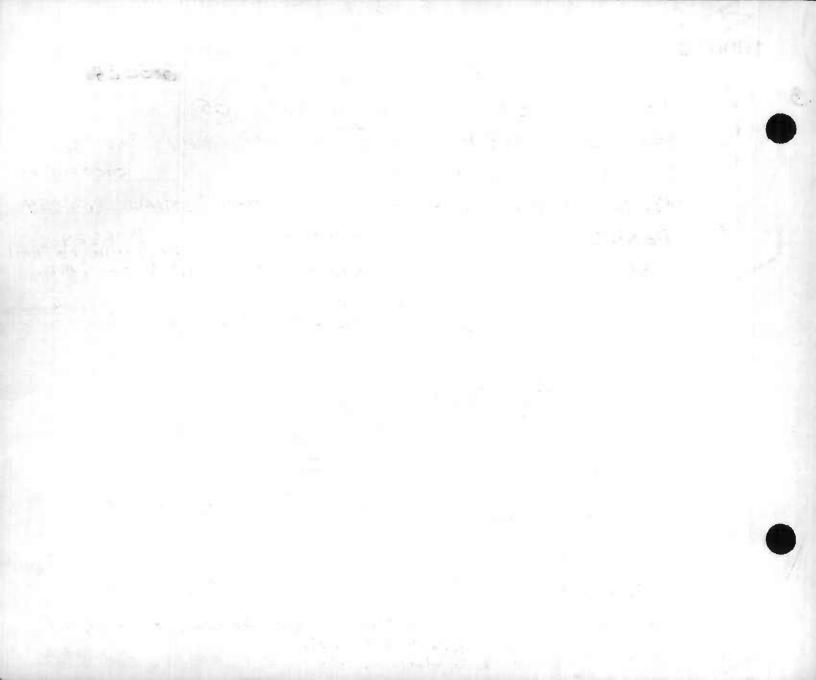
Silver Spring, MD 20906 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION

Burial Mar. 8,1985 Gate of Heaven Cemetery Silver Spring Maryland
A. Pumphrey Funeral Homes, 250 DATE RECO. BY REGISTRAR 755 REGISTRAR 5 SIGNATURE AND ADDRESS OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T 74 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes,

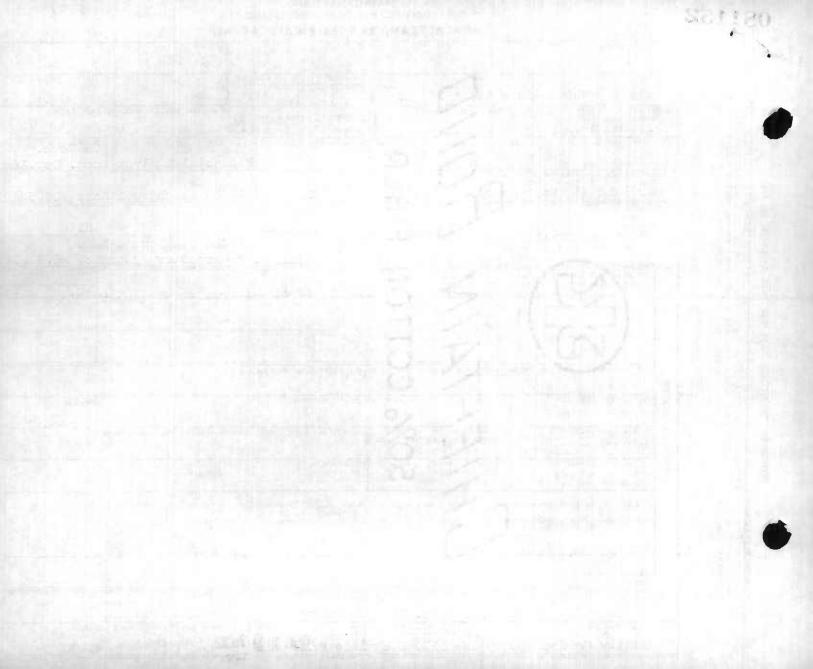
P.A. Rockville, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)





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U	S E L L		STATE REGISTRAR					EXAMIN				-		REG	NO.			
100		1. DEC	EASED NAME	EIRST			MIDDLE			AST			20 DATE OF			ONTH C	DAY 1	YEAR 25 HOUR
	数是亞麗亞			Day			L.			permas			DEATH	MATED	M	3-13	17	85
	A STREET	I. SEX	ale	4 RACE White	MONT	y 12,	YEAR 1939	6. AGE (IN YEAL LAST BIRTHDA	(Y) MONTH	DER 1 YR.	HOURS HOURS		PRONOUN DE AD	NCED	WC	3 <del>-</del> 14	DAY	85 8:23
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	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	P	otomac	OF DEATH	(IF I	11406	Beech	ngrove	Lane	R INSTITU	TION	FORM	At OCCU NOST OF WOR	RKING LIFE)		10		Dev.Adn
21201	AND 3	13a S1	aryland	d 135 COL			13c. CITY	or town	)N)	13d. INSIDE (	NO 🗆	114	ET ADDRE		grov	re La	ine	20854
RE, MD	PART SEATH	-	THER'S NAME FIRST Henry		J.		Pape	ıxsı ermaste	r	F	er's maidi erst becca			AIDD1E			Klig	
IMO	PASSES 1	16a W	AS DECEASED	DEVER IN U.S. A	ARMED FO		166 SOC	CIAL SECURITY	NO.	17 INFORA	THAN	114	106 B	eech	grov	re La	ine	
ALT	A SING		No	1			392-	-38-017	8	Step	hen J	. Par	erma	ster	; Po	toma	ic, I	Md.2085
. 201 W. PRESTON ST.	UTED WITHIN 24 HOU IN PENCIL IN ITEM 18 EXAMINEE ALONG V SIAL TERNSIT PERMIT D MENTAL HYGIENE, ON, OR REMOVAL.		PART I DE Candition gave ris	ns, if ony, while te to immedio stating the <u>unde</u>	SED BY: IATE CAUS	SE (a) Ar.	terio as a con	OSCIETO NSEQUENCE (	OF .	Cardi	ovasc	ular	Dise	ase			BETWEEN	iximate interval 4 Onset and Death
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7	AL HE	CERTIFICATION	190 DATE OF	OPERATION		196. CONDIT	ION FOR	WHICH OPER	ATION W.	AS PERFOR	MED?						20 AUTO	OPSY?
DIVISION OF VIT	FICATE SHO THE WORD TO THE CHI OULD BE US ORTOBURD		UNDERLYING	OR CAUSE O		21b. TIME OF HOUR A.M P.M	. MONTH	DAY YEAR	21c HC	W INJURY	OCCURRE	D (ENTERN	ATURE OF IN	JURY IN ITEA	M 18 PART	1 OR PART 2)	)	
DIVISION	HIS CERTIFICATIONS TARBED TO AGE 3 SHO AGE 3 SHO ATE DEPAR	MEDICAL	21d INJURY C	NOT WHILE AT WORK		21e PLACE C STREET, FACT	OF INJURY ORY, FARM E		211 LOC	ATION			CITY OR TO	WN		COUNTY	Y	STATE
•	MEDICAL EXAMINER: 1 CULTI THE CERTHICATE, 28 4 SHOULD BE FORM FUNEAL DIEATH WITH THE ST THOSE MARYLAND; 2	New York	220   certification   death results  ACTUAL SIGNATURE    EXAMINER'S (TYPE OR PRIM	NAME DON	tural couse		Achdent	JE K	Autaps cide	Homic	recen istan	Undete	Inquiry ermined mo	anner [	], [	my apinio	3-1	14 <b>-</b> 85
	TO MEI EXECUT PAGE TO FUI BALTER	23a.Bl		ION, REMOVAL				NAME OF CEA					CATION					
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

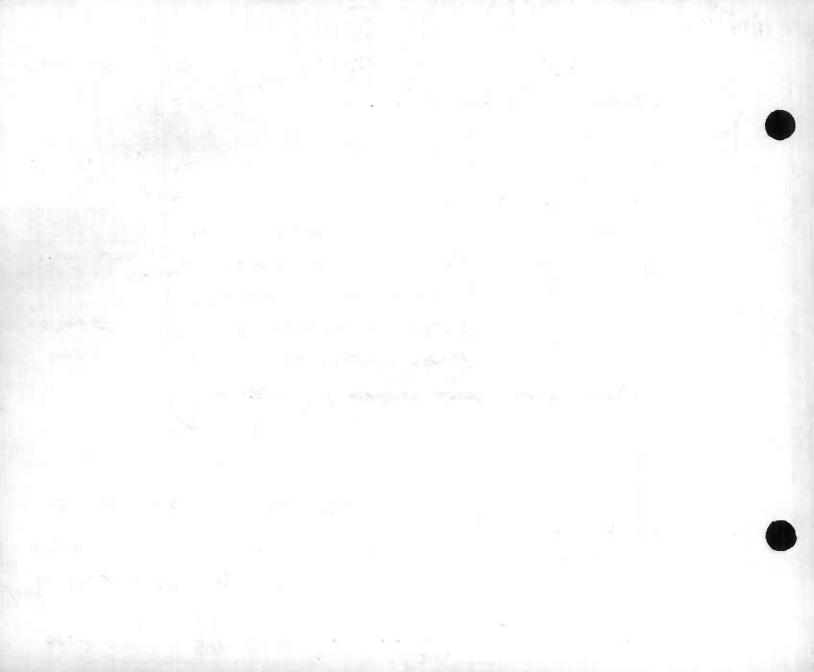
REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
DECEASED NAME (TYPE OR PRINT)  ADA	WIDDLE	PAPST	20. DATE OF DEATH MONTH	31 85 903 p
LEMALE	CAU GASION	OCT. 8 1887	6 AGE (IN YEARS LAST BIRTHDAY) 97 YRS	MONTHS DAYS HOURS MIN
BIRTHPLACE   STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY?  USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	. Montomora	
Silver Spring	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A HOLY Cross	ADDRESS)	120 USUAL OCCUPATION Ret 11 UPE OF WORK FOR MOST OF WORKING Sales person	126 KIND OF BUSINESS C INDUSTRY Dept. Kann's Store
e STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 134 CITY OR TOWN SILVER SP	N 13d INSIDE CITY HAITS?	10 700 Huntwood I	
FATHER'S NAME FIRST Edwin	Dwyer Dwyer	15 MOTHER'S MAIDEN N Martha	D.	Van Horn
	RMED FORCES? 166 SOCIAL SECUI VE WAR OR DATES) 578-40-19		ADDRESS 5811 SS-Executor-Washi	Potomac Ave.,
	ROTIC HEART I	DESTRUCTION DEATH BUT NOT RELATED TO THE TER	7501A.	YES, WERE FINDINGS USED
210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTHEY MEDICAL EXAMINE  21d. INJURY OCCURRED	ATH HOUR A.M. MONTH DA	19 211 LOCATION		TIFYING CAUSES OF DEATH? YES NO SPART I OR PART ?)  COUNTY STATE
220.1 certify the 11 this hosp	oitol) ottended the degeosed from_3/3/19_	SJ31 19 85 85 and that in my (our) opinio	n death occurred on the date and h	our and from the causes stated  221. DATE SIGNED  3/3//85
224. PHYSICIAN'S NAME (TYPE  ALAN  BURIAL, CREMATION, REMOVA	TAY DIAMOND	22e ADDRESS 1106 SPEIN	STREET SILU	
(SPEC#Y)	Apr. 3, 1985 Pr	ospect Hill Cemet		DC

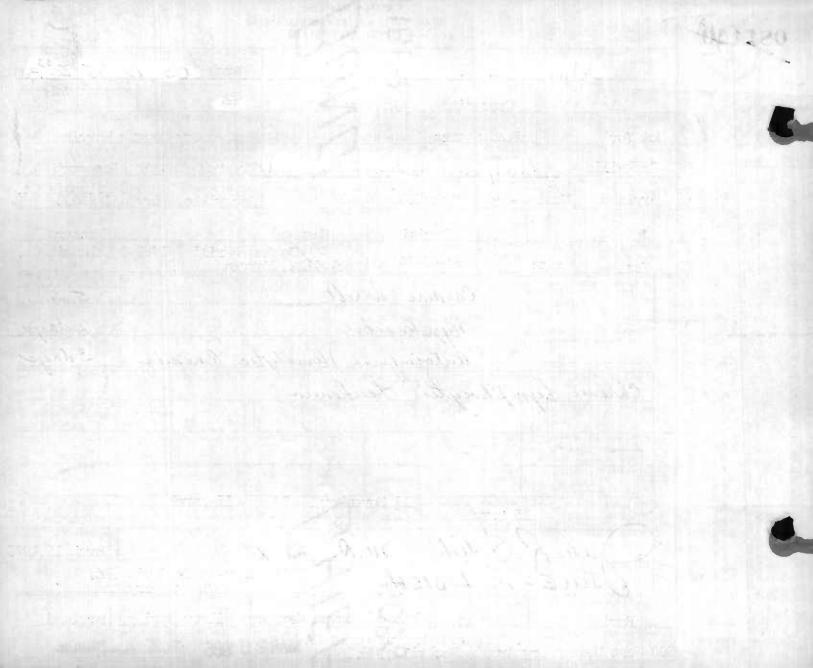
DHMH - 16 50M 4/83 (VRA 15, 4)

BP

24 FUNERAL DIRECTOR Hines/Rinaldi Funeral Home

11800 N.H. Ave., Silver Spring, Md. APR 2 1985 REGISTRAR'S SIGNATURE APR 2 1985





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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	The	e h
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	TALOR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer death. Page 4 may in the hospital or ottending physician.	AL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the funeral director. pages described for use as the burial-transit permit. Then please remove carbonpopers. Pages is and 2 should be filled within 72 hours after deline Dept of Health and Mental Hygiene prior to burial, cremation, or removal.
	ATT	O to
	- h	che
	the	e Doe
	A P	A P

DEPARTMENT OF HEALTH AND MENTAL HYGIERE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2a DATE OF DEATH 26. HOUR TYPE OR PRIN 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH 99 Ta. BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED North Carolina WIDOWED DIVORCED Montgomery
120 USUAL OCCUPATION NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Takoma Park Washington Adventist Hospital Insurance USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE LIBY COUNTY 13c. CITY OR TOWN 113d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Geo Univ. Park NO [ 6802 40th Avenue/20782 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST Claudius Peel Jennje Anderson 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT HE YES, GIVE WAR OR DATES! No 577-09-4874 Ruth M. Peel, see 13e. (wife) 18 CAUSE OF DEATH (Enter only one cause per APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (c **CONSEQUENCE OF** Conditions, il ony, which gove rise to immediate couse (o), stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO F 71a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M 10 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 27a.1 certify that (I) (this haspital) attended the acceased from sow the deceased alive on. ond that in (my) (our) opinion death occurred on the date and have and from the causes stated obove, (1) (did not) view the body ofter death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 77d. PHYSICIAN'S NAME TTYPE OR PRIME 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 73h DATE 23d LOCATION (SPECIFY) CITY OR TOWN COUNTY Burial 3/19/85 Fort Lincoln Cemetery Brentwood Pr. Geo. 24 FUNERAL DIRECTOR Hines/Rinaldi Funeral Home, Inc.

11800 New Hampshire Avenue, S.S., MD 20904

DHMH - 16 50M 4/B3 (VRA 15, 4)

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#1,14,FilmG603 5/7/85 kam

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8985

'	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
	CEASED NAME FIRST	Section .	MIDDLE	ı	AST	2a. DATE OF DEATH	MONTH D	DAY YEAR	26. HOUR
(1000	JUL]	US PERI	STEIN	Pear	lstein	MARCH 27	1985		6:05 P
3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
	MALE	CAUCAS	IAN	JAN	JARY 24 1908	77	YRS.	MONTHS DAYS	HOURS MIN.
7a. BI		76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	11924
NE	WYORK	UNITED	STATES	WIDOWE		MONTGOM	ERY		M
10 C	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OF
	BETHESDA		AVAL HOSE			RET IREI			LTER
	AL RESIDENCE (IF NURSING HOME OR		GIVE RESIDENCE BEFORE		1136 INSIDE CITY LIMITS?	13e STREET ADDRESS	7 7 IP CODE	9019	164
	RGINIA STAFF		STAFFORI		YES NO	9 ROLLING		22554	1
14 FA	THER'S NAME				15 MOTHER'S MAIDEN NA	ME			
	MORRIS PE	RLSTEIN	Pearlst	ein	FIRST RE	BECCA KELL	NER	LAS	Л
	VAS DECEASED EVER IN U.S. AR		166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS	2	22554
(	YES NOOR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	055-03-1	962	JANET GITLIN,	9 ROLLING F	ROAD .		
	18 CAUSE OF DEATH (Enter on		line for (a), (b), and	d (c.)					IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY E CAUSE (a)	CARDIOR	RESPIE	RATORY ARREST				
			r as a conseque	NCF OF			1779	8 500	
	Canditions, if any, which	( (b)	K A3 A CONSEGUE						
	gave rise to immediate cause (a), stating the	DUETO	R AS A CONSEQUE	NCE OF					
	underlying couse lost.	(6)	K AS A CONSEGUE	.1465 01					
	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART 10	0
O	STATE OF THE SECOND								
CAT	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
CERTIFICATION						YES NO X		YING CAUSES S 🔲	NO [
CER	21a ACCIDENT WAS UNDERLYING	216. TIME C	FINJURY M. MONTH DA	AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART   OR PART 2)	
AL	OR CONTRIBUTING CAUSE OF DEA	111	M. MONTH DA	19					
MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		21f LOCATION	CITY OR TO	WN	COUNTY	STATE
2	WHILE D NOT WHILE D	(AT HOME, ST	REET, FACTORY, OFFICE F.	ARM, ETC.)	STREET	CITORIO			21016

MARCH

DIVISION OF VITAL RECORDS, 201 W.

DHMH - 16 60M 7/84 (VRA 15, 4)

P. LIEBERT.

22a 1 certify that (1) (this haspital) attended the deceased from

saw the deceased alive an\_

23a BURIAL, CREMATION, REMOVAL

Burial

MARCH

and that it my lour opinion death accurred on the date and hour and from the causes stated

NAVAL HOSPITAL, NAVAL MEDICAL COMMAND NATIONAL CAPITAL REGION, BETHESDA, MD 20814

231. NAME OF CEMETERY OR CREMATORY

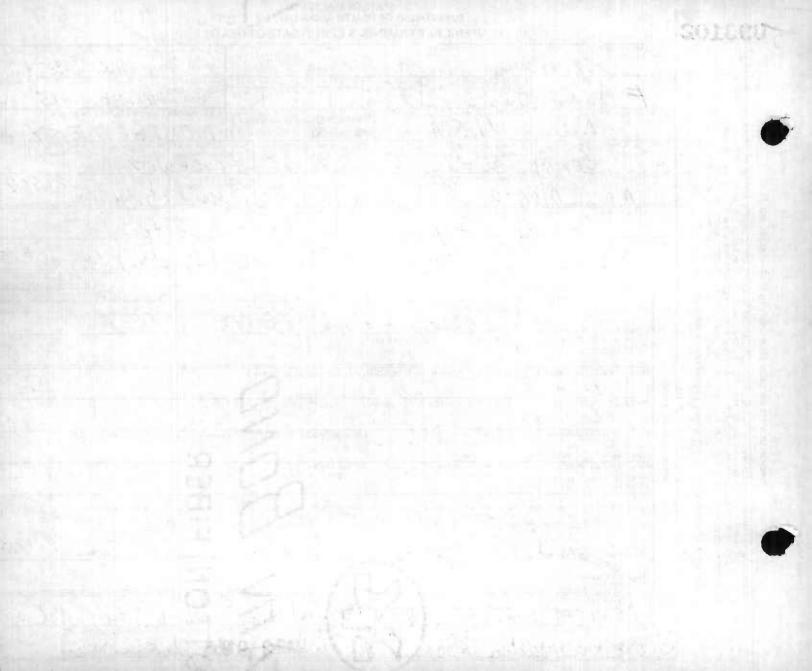
Farmingdale, New York Mt. Ararat Cemetery

3/29/85 24 FUNERAL DIRECTOR DANZANSKY - GOLDBERG MEMORIAL CHAPELS | 250 DATE REC'D.

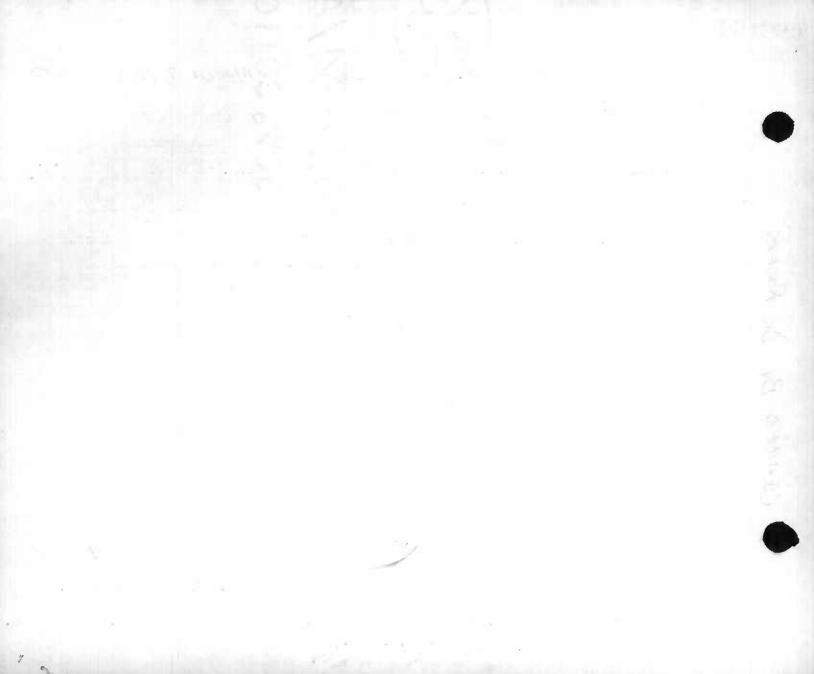
1170 Rockville Pike; Rockville, Md. 20852

SAME AS 15 WIFE

		STATE OF MARYLAND	2 0 7
1000100	11-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIÇNE	0 1
5093102		REGISTRAR Minnie T. PeMEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
3	1. DE	CEASED NAME FIRST / MIDDLE LAST DOSCUE TO DATE KNOWN MONTH I	DAY YEAR 26 HOUR
( Which	(TYI	PEORPRINTI MININE TI PENNY OF ESTI- DEATH MATED MAR	21.85 Och
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PU SHE	3. SE	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED A A O A	Ze HOUR
\$200 P		7 13/ ( U22 8 /2/73 YRS.   DEAD /4/18. 20,	19 65 M
- B3 45/		INTHPLACE (STATE OR ORE CITY OF WHAT COUNTRY?)  8 MARRIED   NEVER MARRIED   9 BALTIMORE CITY OR COUNTY (	OF DEATH
日野の自然し	1/	N.C. U.S.A WIDOWED DIVORCED DI MONTGON	IFRY
ZENG*/	N. C	ITY OR TOWN OF DEATH . II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 120	KIND OF BUSINESS
SEA SEA		(IN NOTAN SUCH FACILITY GIVE STREET ADDRESS)  FOR MOST OF WORKING LIFE 1	OR INDUSTRY
\$5° #8	-	1) 1, spang /Stly Cress & Dip Housewite	
E 202502		AL RESIDENCE (18) NURSING HOMEON OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  STATE 136 COUNTY 136 STREET ADDRESS 130 STREET ADDRESS 1	20904
21 名名語為語》	1	MId. MONTA SILVEY S DYING YES NO 13306 YATYIDGE T	or.
9 7000	J4. E.	ATHER'S NAME	
# \$ S & S & S & S & S & S & S & S & S & S	4	FIRST / AM USOLE TAY (AS)	LAST
8 85×28	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? V66 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
M		YES NO OCUMINOWN) I HEYES GIVE WAR OR DATES)	1C#15
A STAN A		140   240-36-1824   DOVIS TODIE   DAUGHTEN ) 34	me AS#13
2 5 % ¥ E a		18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (g).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A SERVED AS		PARTIDEATH WAS CAUSED BY: Mebsob & tic Lavainena	
PRESTON ITHIN 24 JER ALOR VER ALOR AL HYGIE REMOVA		/ DUE TO, OR AS A CONSEQUENCE OF	
EWO EWO	1	Conditions, if any, which Covcinome of Pancylest	
RA PRA PRA PRA PRA PRA PRA PRA PRA PRA P		gave rise to immediate (0)	
DI W. PRE TED WITHI V PENCIL CAMINER AL-TRANS MENTAL N, OR REA		cause (a) stating the under- lying cause last.  DUE TO, OR AS A CONSEQUENCE OF	
# 5=0%00		(c)	
A A B S S S S S S S S S S S S S S S S S		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
RECORDS,  ID BE EXECT PENDING, ARDICAL A REJICAL CREMATI	0	None	
= 30 O	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
Z C C C C C C C C C C C C C C C C C C C	1 2	None	YES O NO K
F VITA WORD WORD WORD WORD WORD WORD WORD WORD	H #	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2	
NOF THE W THE W		UNDERLYING OR HOUR A.M. MONTH DAY YEAR	
O FECTOR	1 5	CONTRIBUTING CAUSE OF DEATH P.M. 19	
DIVISION OF IS CERTIFICATE WRITING THE WARDED TO THE GES SHOULD GE	MEDICAL	21d. INJURY OCCURRED  21e PLACE OF INJURY (ATHOME, 21f LOCATION  STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN  COUNTY	y STATE
DIV NRIT VRIT VRED CGE 201	3	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.] STREET CITY OR TOWN COUNTY	STATE
E, V.			
EXAMINER: CERTIFICATI ULD BE FOR DIRECTOR: WITH THE		220   Certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . , and in my apinio	an
ME HE HE	1	death resulted fram: Natural causes Accident, Suicide, Hamicide, Undetermined manner,	
LEXA OULDER M. DIED M. WIE	100	TITLE (SPECIFY)	wch281965
3 WO JE	4	SKIMANORE M.D. DUM MEDICAL EXAMINER SKINED	verso. Co
2 H 2 H 2 H 2 H 2 H 2 H 2 H 2 H 2 H 2 H			
W C W C W		THE OF PRINT	
TO ME EXECUTE TO HE	23a B	BURIAL PROMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 2	
	(	SPECIFY PHONON OF 2 27 OF INVALOR FROM THE PROPERTY OF TOWN	1/51/8
BP	24%	SUNERAL DIRECTOR ( ) 14 / / / ST   250. DATE RECID. BY REGISTRAR 250. REGISTRAR 250.	NATURE
DHMH - 17	1	NAME ADDRESS OF NOTE ADDRESS OF A	one
(VR A15 ME (5)) 20M 4/B2	0	COPER O 11000 COCKVINE Md. 2069 MAN & SUCO Guia Davidson-Ro	ndess.
ZUM 4/ DZ	100		75-34/9



082164	1 - FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5 0	8 9 8 8
160	I. DECEASED NAME (IIII CHI CHI CHI CHI CHI CHI CHI CHI CHI	nio 0.	Persion	MARCH 7. 19	RE NEW 25 HOLES
100	1. 5EX	4. RACE	5. DATE OF BIRTH	A. AGE THEYEARS LAST BRITTONY	FUNDER LYCHE FUNDER 24 HRS
	Male	White	June 16 1910	74 yrs.	MONTHS DATS HOURS MAN
Act of the state o	74. BIRTHPLACE (MATEORIORICA COUNTRY) New York	" 25 CITIZEN OF WHAT COUNTRY USA		Mont gomery	Y OF DEATH MD.
o other of	ilver Spring	11. NAME OF HOSPITAL, NURS IF NOT IN SUCH FACEITY, ONE STREET HOLY Cross H	ING HOME OR OTHER INSTITUTION OSpital	12a USUAL OCCUPATION 11111 OF WORK FOR MOST OF WORKING. Mech. Engineer	IZE KIND OF BUSINESS OR INDUSTRY W.G.
Office of the second	Maryland Ho	own or the marginal or the first of the street of the stre	Pring IS INSIDE CITY LIMITS?	13s STREET ADDRESS / ZIP COI	×
MARTIN MARTIN	IA FATHER'S NAME	P. Pers	is mothers maiden no		Deprofic
ALTIMORE, MARYI  OGERS  Its be executed with the best completed and 3 and 5 and 3 and 5 and 3 and 5 an	160. WAS DECEASED EVER IN U		URITY NO. 17. INFORMANT	ersion-wife-Same	
PRESTON ST., BALL  The dearth certificate the attending physicis encies carbon paper e	Conditions, if any, white gave rise to immedia course to stating to	DUE TO, OR AS A CONSEQUENCE (16)	interest Cardina	Trokenia	RETWEEN ORMET AND DEATH
VISION OF VITAL RECORDS, 201 W  VEARED  Personal Class The law required that then direct physician.  In this cardificate has been signed by the law oil franch perms. They please one Member 1 has please one Member 1 hygiene prior to buried, as the law oil franch they are prior to buried.	PART 2. OTHER SIGNWICE  THE DATE OF OPERATION  THE DATE OF OPERATION	ANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TEX.	10st AUTOPSY? 20st IF Y	ES, WERE FINDINGS USED THYING CAUSES OF DEATHY YES NO NO
A R. C.	that experience about T. I wanted	GEDERH HOUR AM MONTH		RRED. (patricipation of malies of more)	(Fall   CRFeH.2)
WISSON WESTON WEST	ALTERNATION OF ALTERN	The PLACE OF INJURY	PARKETTE I	(Sin or lown)	COOMY
SPITAL OR ATTENDING to the heapthal or NEIAL DiRECTOR. A be directed for use a State Digit of Healt TANT. If here 21 is no.	saw the deceased of	for Clump	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	ndeath accurred on the state and his MEDICAL STAFF DIRECTOR PHYSICIAN [	221. DATE SIGNED  271. DATE SIGNED
TO HOSPII retained by to Functi to Functi the Sec with the Sec	220 BUDIAL CREATION DELL	tor Collison, MD	1111 Spri	ng St., Silver S	pring, Md.
BP	(SPECIFY) Burial	Mar. 11, 1985		Brentwood	Pr. Georges Md.
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FUNERAL DIRECTOR Hines/Rinaldi	Funoral Home 11800ss		TE REC'D BY REGISTRARIZSH REGI	



Bethesda, Maryland 20814

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

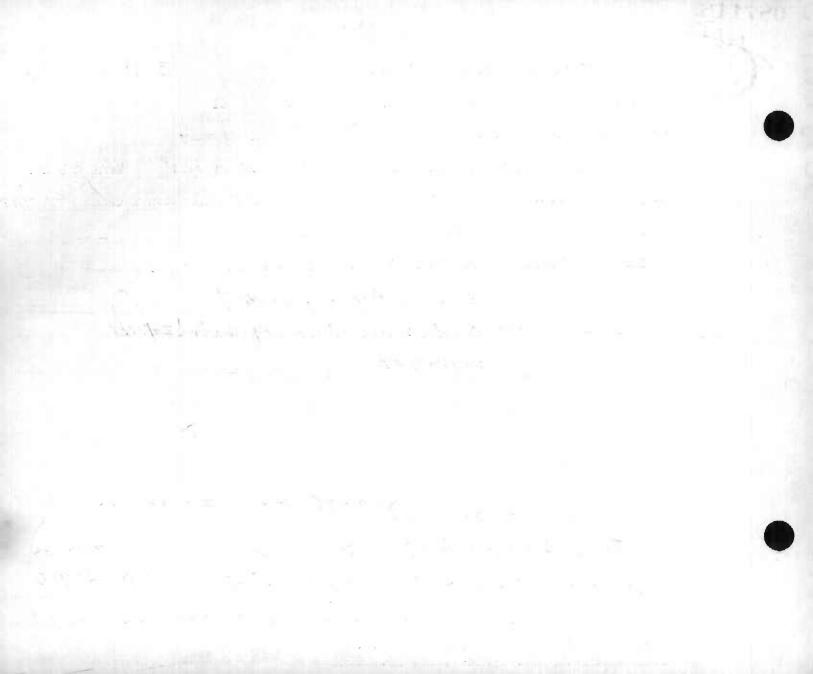
Sulia Varida Bull

FOR

(VRA 15, 4)

3749 Baltimore Ave. Hyattsville, Md. 20781

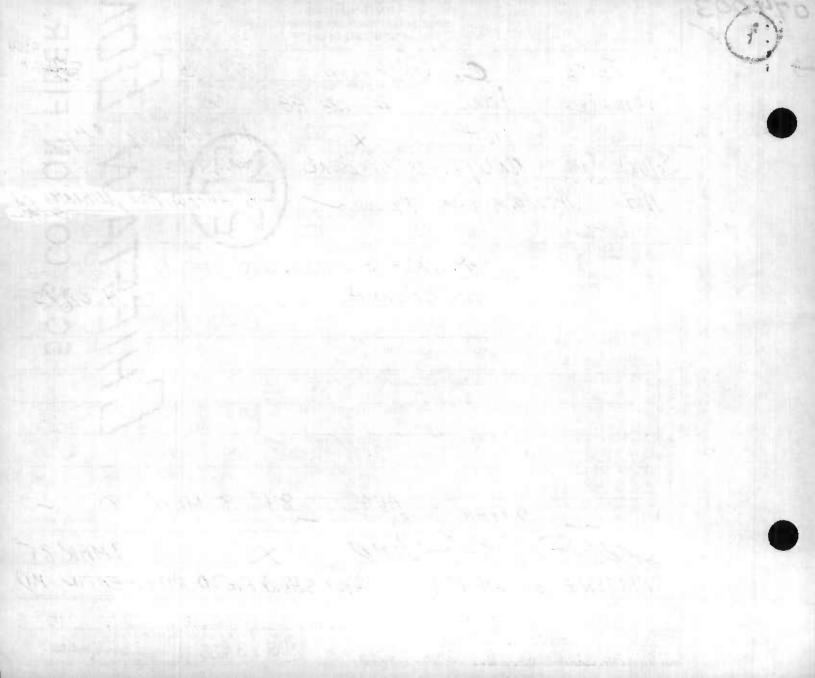
DHMH - 16 50M 4/83 (VRA 15. 4)



(VRA 15, 4)

STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

EASED BY M.	E 1 .	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0	0	
94025		CEASED NAME	FIRST		MIDDLE	L	AST		MONTH D	AY YEAR	26 HOUR
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ond co		WAS DECEASED EVER		MED FORCES?	165 SOCIAL SECU	RITY NO.	17 INFORMANT		ESS Rock	ville	.Md.
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TTENDIN pitol or TOR Af for use o of Heolth		220. I certify that (I) sow the decease above, (I) (we) (d				MARC 5or	H 26 , 19 85 d that in (my) (our) apinion a	, to MARCI		9_85 and from the	hot (I) (we) lo
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D % 0 % ₹ ₹	23a I		REMOVAL		arch 123c N	AME OF C	EMETERY OR CREMATORY Olitan Crema	23d LOCATION			
	24 FI	UNERAL DIRECTOR R	OBER	T A. P	UMPHREY	FUN		RC1 BY RE1985			

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH 093046 (TYPE OR PRINT) 3 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR White BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE COUNTRY Russia U.S.A Montgomery County, WIDOWEDXX DIVORCED [ 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Automotive Equip DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Montgomery 6121 Montrose Road (20852) IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE Libby Goldberg Abraham Poms ADDRES: 20850 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR LINKNOWN) 212-64-4115 Alvin Poms: 9 Leyton Court; Rockville, Md. NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18. CAUSE OF DEATH (Enter only one cause per line for ra), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) OR AS A CONSEQUENCE OF ARTERIO 3 CLEROTIC Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10" CERTIFICATION 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIX YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE WHILE AT WORK AT WORK 220.1 certify that the (this hospital) attended the deceased from sow the deceased alive an MARCH 19 85 and that in my (our) apinion death occurred on the date and haur and from the causes stated ided) (did not) view the body after death DEGREE 22c. DATE SIGNE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN FUNERAL PHYSICIAN 22e ADDRESS should b 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b. DATE Burial Falls Church: Fairfax: Va. 3/25/85 King David Mem.Gdn. 24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS DHMH-16 60M 1/73 (VRA 15(4)) 1170 Rockville Pike; Rockville, Md. 20852

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FOR

- STATE REGISTRAR

(TYPE OR PRINT)

3. SEX

DECEASED NAME

FEMALE

TO BIRTHPLACE (STATE OR FOREIGN

WASHINGTON, D.C.

WILLIAM

USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION 130, STATE 130, COUNTY MARYLAND MONTGOMERY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if any, which gove rise to immediate couse (o), stating

underlying couse

THE DATE OF OPERATION

MEDICAL

(SPECIFY)

10 CITY OR TOWN OF DEATH

SILVER SPRING

4 FATHER'S NAME

FIRST MARY

MARY

4 RACE

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (o)

18 CAUSE OF DEATH (Enter only one cause per line for

WHITE

U.S.A.

DUE TO, OR AS

INCONDITION FOR WHIC

Th CITIZEN OF WHAT COUNTRY

11. NAME OF HOSPITAL, NURS

HOLY CROSS H

## STATE OF MARYLAND

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DEPART

MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	
LAST BOWER OWNER	3- 28-85	DAY YEAR 25. HOUR 4 A M
5. DATE OF BIRTH MONTH DAY YEAR 08 27 03	6. AGE (IN YEARS LAST BIRTHDAY)  8. / • YRS.	IF UNDER TYEAR IF UNDER 24 HRS
MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OF COUNT	Y OF DEATH MD.
OSPITAL	(17 USUAL OCCUPATION (17 VE OF WORK FOR WOST OF WORKING) HOUSE WIFE	126 KIND OF BUSINESS OR INDUSTRY OWN HOME
SPRING 13d. INSIDE CITY LIMITS?  SPRING YES NO M	39202 WENDELL S	Ť. 20901
ALICE	ME MIDDLE	KEARON
URITY NO. 17 INFORMANT (DAUG 3491 JUNE MONTAGUE		, FAIRFAX, VA.
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JENCE OP CHOSE TORE	á	Charkerund
DEATH BUT NOT RELATED TO THE TERM	VINAL DISEASE OR CONDITION G	IVEN IN PART Tra
PAR DIEGUES PERFORMED	IN CERT	ES, WERE FINDINGS USED FYING CAUSES OF DEATH? (ES \( \square\) NO \( \square\)
21 HOW INJURYOCCUR	RED TENNE MATURE OF MARKS IN ICEM IN	PART LORFART ST

PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION

2/14/85	Speresting bord	regions / again	NO YES
E ACCÉENT WAS UNDERLYING	HOUR AM MONTH DAY YEAR	21 HOW INJUSTICE CONTRACTOR	RE OF THREE THE ISEM IN PART LORPAREST
LINURY OCCURRED	21s. PLACE OF INJURY (A7 HOME STREET, FACTORS, OFFICE, FARM, ETC.)	TIL LOCATION	rinu03. HWGT3O VII3

22a. | certify that (1) (this haspital) ottended the deceased from saw the deceased of ve on obove, (1) (we) (did) (did not) and that in (my four) opinion death occurred on the date and hour and from the causes stated DEGREE 22b. SIGNATURE 22c. DATE SIGNE

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

3/29/85 230 BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY CEDAR HILL CREMATORY

SUITLAND

COPG.

STATE

24 FUNERAL DIRECTOR RICHARD RAPP, INC.

CREMATION

1804 T ST., N.W., WASH., D.C. 20009

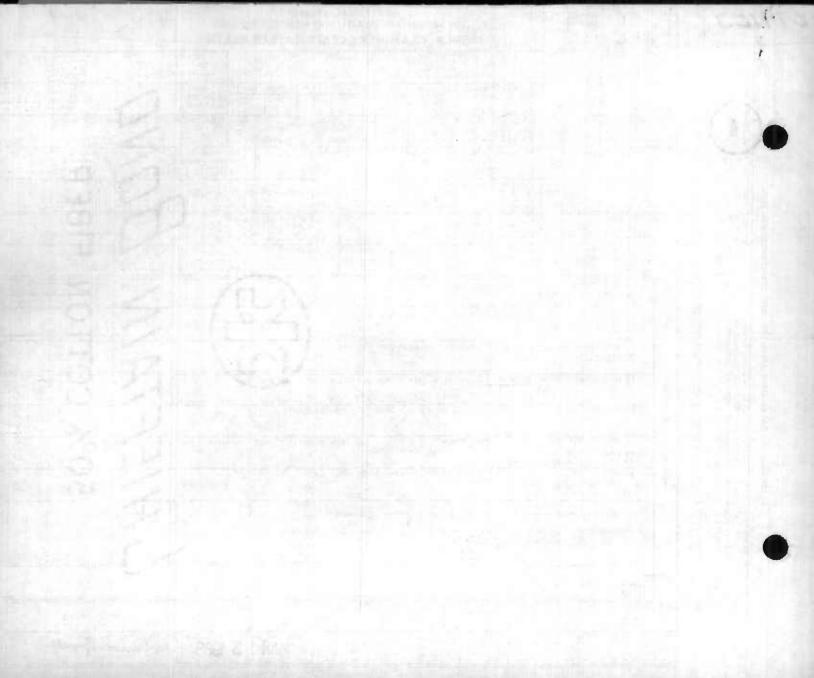
BY REGISTRAR'S SIGNATURE AND

DHMH - 16 50M 4/B3 (VRA 15, 4)

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	DEATH PARTY		Rober		Archie	Pri			Ger	tie				Po		
BALTIMORE	AFTER DE IVE PAGE H FORM AGES 1-A ISION OF	160.	WAS DECEAS YES, NO, OR UNKI Yes	ED EVER IN U.S. AI	F WAR OR DATEST		- 10 - 52		17. INFORM		V		ADDRESS		#17	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	TA THE STATE OF TH		UNDERLYIN	IAL CAUSE WAS IG OR TING CAUSE OF		A. MONTH	DAY YEAR	21c. HC	W INJURY (	OCCURRED	(ENTER N	ATURE OF INJURY	IN ITEM 18 PAR	RT I OR PART 2)	100	TOKK
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	ALE WALE		ACTUAL SIGNATURE		14	1		M.			MEDIO	CAL EXAMINE	R	DATE SIGNED_	3-9-8	5
	TO MEDIC EXECUTE T PAGE 4 SI TO FUNER AFTER DEA BALTIMOR		EXAMINER'S	S NAME Gr	regory R.	Kauff	man, M.					St., Ba			2120	1.
	524548	23a.B	Buri	ATION, REMOVAL	23b. DATE Marc	h  23c. N	IAME OF CEM	ETERY OR	CREMATO	RY	236. LOC	CATION		COUNTY	ST	ATE
07/84 25M	BP	24. F		Control of the Contro	12, 198						A:	rling	con,	Virg	inia	
	DHMH - 17 (VR A15 ME (5))	Н	omes	P.A. R	t A. Pum ockville	pure;	y rune	20:	850	MAR 1	131	1985	Ma Day	Hason-	fandell	
						,		20	000			1/1				



099005	FOR STATE REGISTRAR				CERTIF	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.			
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7, 8		DC22		В.	Ran				16-85	11:15%"
F ( A )	3. SEX	9191	4. RACE		5. DATE C	, DAY YEAR	6. AGE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
8 1	female		whit		July	y 4, 1900	84	YRS		
9 7 75 Pe	74 BIRTHPLACE (SIAT COUNTRY) Virginia	E OR FOREIGN	U.S.	WHAT COUNTRY?		NEVER MARRIED XX	9 BALTIMORE CITY O			
thin de	10 CITY OR TOWN OF	DEATH	II. NAME OF I	HOSPITAL, NURSIN		R OTHER INSTITUTION	Montgomer 120 USUAL OCCUPATI	ON	126. KIND OF	BUSINESS OR
of the softe	Rockville			HEACILITY, GIVE STREET		ome	Office W			nown
Pour Pour	USUAL RESIDENCE (#	NURSING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)	113d INSIDE CITY LIMITS?	13e STREET ADDRESS		101	Maria
AND THE STATE OF T	Virginia	Fair		Fairfax		YES NO	10701 Mai		et 77	797
MARYLA malerely and 2 sh	Frank		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	AË MIDDLE	John	LAST	
E. N	16e WAS DECEASED E			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE		5011	Md.
MO Poge	(YES, NO OR UNKNOWN	(IF YES, GIV	E WAR OR DATES)	577-01-7	103	Rev.Richard F	Reichard 97	Ol Vei	rs Dr.I	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAING PHYSICIAN: The low requires that the death certificate attenting physician.  After this certificate has been signed by the attending physics of the burial-transity permit. Then please remove carbonpope th and Mental Hygiene prior to burial, cremation, or removal arked or lifem 18 stows any injury, or other traumatic event, the arked or lifem 18 stows any injury, or other traumatic event, the store of the	Conditions, if gove rise to couse (o), s underlying country of the part 2 OTHER:	H WAS CAUSE IMMEDIAT  Day, which immediate toting the bouse last  SIGNIFICANT CAUSE OF DEAR TOTAL CAUSE OF	D BY:  E CAUSE (0)  DUE TO, OI  (b)  DUE TO, OI  (c)  196 CONDITIONS CC	ITION FOR WHICH	NCE OF NCE OF DEATH BUT OPERATION	NOT RELATED TO THE TERMINAL PROPERTY OF THE TE	20a AUTOPSY?	20b. IF YES, IN CERTIFYI	N IN PART TO	GS USED
HOSPITAL OR ATTENDING by the hospital or FUNERAL DIRECTOR. A sold be detached for use the Store Dept. of Heal or ONTANT: If hem 21 is many	22a.1 certify the	OT WHITE WORK  I (I) (this trapping eased alive on, (a) (did) (did not on the control of the con	iel) ottended the	e deceased from	P.S., on	211 LOCATION STREET  19 d that in (my) (aue) apinion d DEGREE ATTENDING PHYSICIAN 27e. ADDRESS  2 3 5 5 7 6 7	MEDICAL STAF	16, 19 ste and hour o	22c DATES	
OF CESSE OHMH - 16 50M 4/83 (VRA 15, 4)	230. BURIAL, CREMATIK (SPECIFY)  DILTIA  24 FUNERAL DIRECTO  HYSONE C	Ř			Massa	emetery or crematory nutten Cemete 256. Date APR	DE CID DI DE DIOTE : D		Virgi AR'S SIGNATU	

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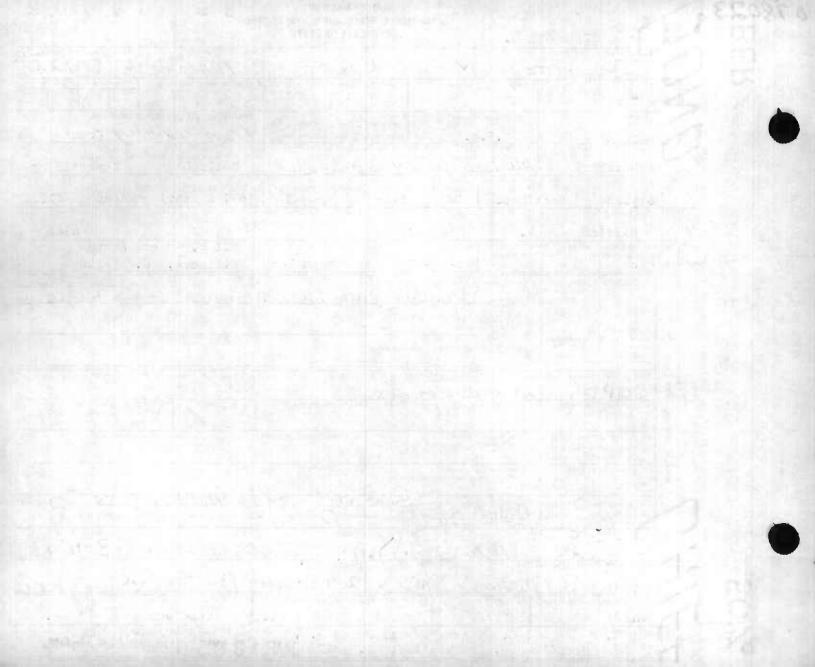
## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5	1 -	FOR STATE REGISTRAR		DEPARTA	EALTH AND MENTAL HYG		REG. NO.					
Н		CEASED NAME FIRST		MIDDLE	L	ASI	20 DATE OF DEATH A	ONTH DAY	YEAR	26 HOUR		
	(cint	Huldah	W. Rand	lell			Mar. 8, 198	5		9:25p w		
	3. SEX		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTH	IDAY) IF UNDE	ER 1 YEAR	IF UNDER 24 HRS		
	F	'emale	White		MONTH	DAY YEAR 98	86	YRS	DAYS	HOURS MIN.		
-	Ju Bi	RTHPLACE THE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D NEVER MARRIED	9 BALTIMORE CITY OR		ATH			
1		New Jersey		S.	WIDOWE	DIVORCED	Montgomery			MD.		
9		TY OR TOWN OF DEATH	I IF NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET IN DMETY GEN	ADDRESS)	Hospital	120 USUAL OCCUPATIO		KIND C DUSTRY	OF BUSINESS OR		
6	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Sandy Sp	N	13d INSIDE CITY LIMITS? YES NO [	13e STREET ADDRESS / 17300 Qua			20860		
0		THER'S NAME Christian	MIDDLE	Weishaar		IS MOTHER'S MAIDEN NA Katharine	WE	Con	rad	ST		
,		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRES	S				
f.		Unkn.		578-14-0	1422				-	1		
	HON	Conditions, if any, which gave rise to immediate couse lot, stating the underlying couse lost.	(b)	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  CC)  CC)  DONS CONTRIBUTING A DECLAR BUT NOT RELATED TO THE TERM				HION GIVEN IN	PART 1	Lang		
1	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPŠÝ?  YES NO	20b. IF YES, WERIN CERTIFYING	E FINDII CAUSES	NGS USED OF DEATH?		
1	11/55/11	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	1177	e injury m. month da m.	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR	PART 2)			
	MEDICAL	21d INJURY OCCURRED  NOT WHILE AT WORK	21e. PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC )	21f LOCATION STREET	CITY OR TOW	и со <b>С</b>	YINU	STATE		
		220 I certify that (I) (this hasp sow the deceased II and above, (I) (we) (d)	3/1	deceased fram	,	5 19 0 apinion	deoth occurred as the dot		ram the			
1		2/d Physician's Name (mark	A.	Just ,	)	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF		3/5	SKINED		
1	22 0	1.4.	an	M		1811/31	an yh	x Olm	4	hy 22835		
	(	BURIAL, CREMATION, REMOVAL SPECIFY)  Removal	1	0)85	IAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUN	,	STATE		
	24 FL	UNERAL DIRECTOR	hand \	ADDRESS	D-14-		E REC'D. BY REGISTRAY 2	b. REGISTRAR'S	SIGNAT	URE		
		Anatomy Bo	ara		Barco	)., Md.   MAF	1 5 1085 1	1. Donda	-A-A	andelle		

DHMH - 16 60M 7/84 (VRA 15, 4)

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X	- STATE REGISTRA	R JEANNET	TE M. RA			ICATE OF DEATH		REG. N	10		
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4 (14)	Fem	ale	White	2	Apri	1 24, 1910	R	74	YRS.	DAYS DAYS	HOURS MIN.
Po Po	OUNTRY)	STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8.	NEVER MARRIED	_ 9 BA	ALTIMORE CITY		OF DEATH	
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11 90	Gaither	. /	IN NOT IN SU	HOSPITAL, NURS CHEACILITY, GIVE STREET  ON HEALT	T ADDRESS)	Cen KR		USUAL OCCUPA OF WORK FOR MOST Retired	TION OF WORKING LIFE)	INDUSTRY	tising
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2 E 2	Maryla		timore	Catons	ville	YES NO X	1 1	77 Sout		Road	21228
pa de la	44 FATHER'S NA		WIDDLE	LAST		15 MOTHER'S MAIDE	ENNAME	MIDDLE		1A51	
D. A. C. C. C.		liam	В.	Leopo		Mary		2011 1700	456		ales
ote be execu-	IYES, NO OR UN	SED EVER IN U.S. AF	VE WAR OR DATES)	166 SOCIAL SEC		17 INFORMANT		2211 WADDI			
9 1	No			212-09-2		Evelyn B	BOCK ]	Baltimor	e, Md.	2120	
by b	18 CAUSE PART I.	OF DEATH (Enter of DEATH WAS CAUSE	nly one couse pe ED BY:	r line for (01, (b1, c						BETWEEN	MATE INTERVAL
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a page	PART 2 O	HER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	ETERMINAL	DISEASE OR CO	NDITION GIVEN	N IN PART 110	•
1 1011-4	6 CO	PD	or m	umor	colo.	P STATE OF S		AUTORSVA	TANK IF MEC.	A/FRE EINIDIN	
5 114 6	2 IVE DATE C	of operation	190 GOND	IIION FOR WHIC	HOPERATIO	N WAS PERFORMED	20	a AUTOPSY?	IN CERTIFY	WERE FINDIN ING CAUSES	OF DEATH?
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44 9 9 E E C	OR CONTRIB	NT WAS UNDERLYING [ UTING [] CAUSE OF DE		.M. MONTH I	DAY YEAR	21c HOW INJURY O	CCURRED (	ENTER NATURE OF INJ	URY IN STEM 18 PAR	1 I OR PART 2)	
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G Personal American Comments of the bit of t	21d INJUR	OCCURRED  NOT WHILE  AT WORK		OF INJURY REEL, FACTORY, OFFICE	FARM, ETC.)	211. LOCATION STREET		CITY OR I	OWN	COUNTY	STATE
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	saw t	he deceased alive or	MARCA	1 5 19		nd that in (my) (our) op	pinion death	occurred on the	dote and hour o		
41 27 1 1	779. SIGNO	TURE	A A	oner death.		DEGREE	11100			22c DATE	SIGNED
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D	Jan	165 R.Y	Moure	)c. M	D	207 Bro	ooles	Aug G	TIThe	56 un	a had
51 541 3	23a. BURIAL, CRE	MATION, REMOVAL			NAME OF C	EMETERY OR CREMAT		LOCATION		(	)
BP	Buria	1	3/19/8	35 I	orrain	ne Park Cem	netery	Wood	lawn	COUNTY	Md.
DHMH - 16 50M 4/83	24 LEHERAL DIN	Russe	11 C. W:	itzke Fur	eral H	lomes P.A 25	a. DATE REC	D. BY REGISTRAL	R MA REGISTRA	AR'S SIGNATI	JRE +
(VRA 15, 4)	1630 Ed	mondson A	venue,	Catonsvi	le, Mo	1. 21228 N	MAR T	8 1985	Tulla Davy	idson-Ad	ndell



500 UNIV. BLVD. W. SILVER SPRING MD

(VRA 15, 4)

098136	1 - STATE REGISTRAR	DEPARTMENT OF HEALTH A  CERTIFICATE	AND MENTAL HYGIENE	7 0 0 4
4 hours after death. Page 4 may be led in by the funeral director. page 3 ld be filed within 72 hours after death by be apolitied of one of the death.	70. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZ COUNTRY)  South Dakota  10. CITY OR TOWN OF DEATH  11. NA  BLANESAG Mary MARL HEN	MARRIED   NE NE OF HOSPITAL, NURSING HOME OR OTHER OT INSUCH FACILITY, GIVE STREET ADDRESS)	20. DATE OF DEATH MONTH MATCH  6. AGE (IN YEARS LAST BIRTHDAY)  VER MARRIED  DIVORCED  120. USUAL OCCUPATION  LYPE OF WORK FOR MOST OF WORKIN  SALESMAN	126. KIND OF BUSINESS OR INDUSTRY Furniture
E, MARYLANI  Cuted within 24  completely fill  1 and 2 should	Montgomer  14 FATHER'S NAME FIRST  UNKNOWN  160 WAS DECEASED EVER IN U.S. ARMED FOI	LAST 15. MOT	HER'S MAIDEN NAME  FIRST  UNKNOWN MIDDLE	Ave.#1319 20814
55, 201 W. PRESTON ST., BALTIMA puires that the death certificate be e signed by the attending physician a pen please remove carbon papers. Pa a burial, cremation, or removal.	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTINUES CONTINUES CONDITIONS CO	ETO, OR AS A CONSEQUENCE OF  (c) GUNTLEST TOPOLOGY  ETO, OR AS A CONSEQUENCE OF  (c) GUNTLEST TOPOLOGY  (d) GUNTLEST TOPOLOGY  (e) GUNTLEST TOPOLOGY  (c) GUNTLEST TOPOLOGY  (d) GUNTLEST TOPOLOGY  (e) GUNTLEST TOPOLOGY  (e) GUNTLEST TOPOLOGY  (f) GUNTLEST TOPOLOGY  (e) GUNTLEST TOPOLOGY  (f) GUNTLEST TOPOLOGY  (f) GUNTLEST TOPOLOGY  (g) GUNTLE	orvees bur	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 WILL 4 WEEK
DIVISION OF VITAL RECORE  ATTENDING PHYSICIAN: The law requestion or attending physician.  ECTOR: After this certificate has been a defenues as the buriol-transit permit. It in at Health and Mental Hygiene prior it is marked or item. It is how pay infile.	TIG. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)  TIG. INJURY OCCURRED  210.	PLACE OF INJURY HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211. LOI  19 2	PERFORMED Z00 AUTOPSY? Z00. IF IN CEI  YES NO TO THE NATURE OF INJURY IN ITEM  CATION  STREET CITY OR TOWN  ((yy) (our) opinion death occurred on the date and injury) opinion death occurred on the date and injury).	COUNTY STATE  , 19 , that (I) (we) last hour and from the causes stated
TO HOSPITAL OR TO HOSPITAL OR TO FUNERAL DIR Should be deroche with the Store Dogs (ALM 112' STORE DOGS)	JOHN M W.  230. BURIAL, CREMATION, REMOVAL 236. D	y mm mn 760. ATE 230. NAME OF CEMETERY 6-85. Georgetown 221 M1530001 HV2	OR CREMATORY 1384. LOCATION CITY OF TOWN  Med. School Washington.  AUC 150 DATE REC'D. BY REGISTRAN 135. REG	COUNTY STATE

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19.00 | 3-0-0 George of the County of the Co

RICHARD RAPP, INC.

1804 T ST., N.W., WASH., D.C. 20009

24 FUNERAL DIRECTOR

(VRA 15, 4)

FOR

STATE OF MARYLAND

2b. HOUR

HOURS

ELECTRIC

20003

GLOVER

22c DATE SIGNED

PG.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

3-23-85

STATE

MD.

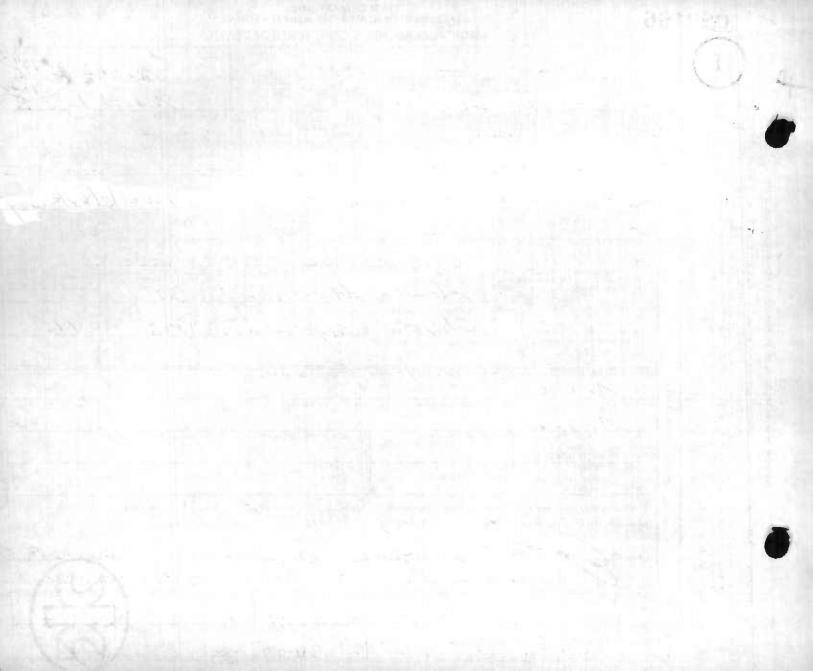
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

3:25P

IF UNDER 24 HRS

The section provides and their

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY REGISTRAR REG. NO DECEASED NAME KNOWN 5 20 DATE (TYPE OR PRINT) OF ESTI-DEATH MATED Edward Reid George SEX 4 RACE DATE PRONOUNCED 1916 68 12 Male White 26 TO CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR MARRIED THEVER MARRIED U.S.A. Maryland DIVORCED Montgomery A CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 129 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Takoma Park Supervisor Washington Adventist Hospita W.G.L. Company M INSIDE CITY LIMITS? 130 STREFT ADDRESS P.G. 6707 Wells Parkway Maryland Hvattsville NO [ 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Earl Reid Evelyn Stott 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES! Same as 13e 577-09-2002A Cecile Reid (Wife) No 1B CAUSE OF DEATH (Enter only one cause per line for (a) b), and (c). PART I DEATH WAS CAUSED BY: Conditions, if ony, which gave rise to immediate cause (a) stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? VARDED TO THE CHAGE 3 SHOULD BE UTATE DEPARTMENT OF 1201 PRIOR TO BUR YES 🗌 NO. 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M TIE PLACE OF INJURY (ATHOME TIL LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY 27a I certify that I took charge of the remains described above, held an MARYLAND and in my apinion Autopsy Inquiry deoth resulted from: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL EXECUTE THE C PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALLIMORE, M SIGNATURE John S. Rogers, M.D Seminary Rd. Silver Spring, Md. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 3/5/85 Fort Lincoln Cemetery BP Burial Brentwood Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave. Hyattsville, Md. 20781 **DHMH - 17** (VR A15 ME (5)) westson- handell 20M 4/82



## STATE OF MARYLAND

	FOR STATE REGISTRAR	DEP		ALTH AND MENTAL HYGI CATE OF DEATH	ENE REG. N	10.	
1	I. DECEASED NAME FIRST	MIDDLE	LAS		2a. DATE OF DEATH	MONTH DAY YEA	Zu HOOK
	HELE	N	R	ios		3-21-8	5 930 A
	3. SEX	4 RACE	5 DATE OF		6. AGE (IN YEARS LAST BE		
1	Famala	Caucasian	MONTH 2	25 03	82	YRS.	AYS HOURS MIN.
	To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	ITRY? 8	□ NEVER MARRIED □	9 BALTIMORE CITY	OR COUNTY OF DEAT	н
	PUERTO RICO	HICA	WIDOWED		MONTGO!	NERY	MD.
P.	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	JRSING HOME OR		12a USUAL OCCUPAT	10N 12b. KIN	D OF BUSINESS OR
	WHEATON,	UNIVERSITY	CONV. a	NURSING HOME	SEAMSTE		
10	USUAL RESIDENCE (IF NURSING HOME ( 13a STATE 13b COL			34 INSIDE CITY LIMITS?	13e STREFT ADDRESS	/ 7IP CODE	
ê	mD mo	NT Silver	COMMI	YES NO	1135 Unive	risity Blud	. W. 2090
	14 FATHER'S NAME FIRST	MIDDLE LAS		5. MOTHER'S MAIDEN NAM	AE MIDDLE		LAST
1	Santiago	Carrer		Marcelina		Irri	zarrd
ı	160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 16b. SOCIAL GIVE WAR OR DATES	SECURITY NO.	7 INFORMANT	on ADDR	ES 5416 Marl	in St.
	NO	065-18	8-3732	Manuel J. Ric	s Rocks	illo Md.	20853
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one couse per line for (a), (I	b), and (c).)				PROXIMATE INTERVAL VEEN ONSET AND DEATH
ı		ATE CAUSE (0) CVA				3	days
1		DUE TO, OR AS A CONS	SEQUENCE OF				0
1	Conditions, if any, which	( 1b) ASCV	Δ			10	1 E Aves
1	couse (a), stating the	İ					
	underlying couse last	( (c)					
		CONDITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PAR	T 1(0)
	NO IT THE DATE OF OPERATION THE OTHER PROPERTY.	The continuous continuous	WELL COMPOSITION	Live Macanage	The supplies	20s. IF YES, WERE FO	mbioc wife
	19 DATE OF OPERATION	18. CONDITION FOR W	HICH CHERATION	WY2 NEKLORWED	29s. AUTOPSY7	IN CERTIFYING CAL	ISES OF DEATH?
	TIR. ACCIDENT WAS UNDERLYING	T 215 TIME OF INJURY		TH. HOW INJURY OCCURR	YES NO.	YES [	NO []
		EATH HOUR A.M. MONTH	DAY YEAR	EN. HOW PRIGHT OCCURS	S. Hinte Heart Co. with	NO THE PART I CHANGE	7,00
1	THE MOURY OCCURRED	21s PLACE OF INJURY	19	TH LOCATION			
1	W WHAT I'T NOT WHAT I'T	FAT HOME, STREET, FACTORY, O		THE POCKEDIA	(21) GH III	own count	1988
1	stricts at work		211		3/0/	-	
1	22s 5 certify that (I) (this has saw the deceased alive a	3/18 //	10 85 mod	that in (my) (pur) opinion d	to 3/31	10.85	that its (well-last
1	shove (I) (we) (did) (did)	not view the Judy other doth.		GREE	and the second		-
1	Muna	J'doub	/	ATTENDING	MEDICAL STA	H -	ATE SKSNED
Ц	234 PHYSIC INS NAME (TIME	a service	w	PHYSICIAN (4)	DIRECTOR PHYSI	CIAN 3	121/05
	The second secon	Section 19					
4	MYRON L.			2309 SHOREFI		WHEATON	, md
	23a. BURIAL, CREMATION, REMOVA (SPECIFY)			METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	Burial 24 FUNERAL DIRECTOR -	Mar. 23, 1985	Gate of	Heaven 125 BATE	Silver S	oring Mont.	Md.
	NAME Franc	cis J. Collins	RESS	NAR 2	6 1985 Fun	256 REGISTRAR'S SIG	NATURE
-	500 University B	lvd.,W. Silve	Syst france		0 1000.0		
		,	· sprany,	Md.			

DHMH - 16 50M 4/83 (VRA 15, 4)

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		REGISTRAR			CERTIFIC	CATE OF D			REG. NO.	H DAY	iir	
. e.t	I. DEC	EASED NAME FIRST LOTTI	MIDE	-	issmi	ILE		20. DATE OF D		216	YEAR	26 HOUR 20 A
ay b	3. SEX		4. RACE	/1/	S. DATE OF			6. AGE (IN YEAR	3	FUE	NDER I YEAR	IF UNDER 24 HRS
2 4 P	J. SEA	FEMALE	WHITE		OCT.		1892	92		YRS.	HS DAYS	HOURS MIN
Po Po		THPLACE (STATE OF FOREIGN	76. CITIZEN OF WH	AT COUNTRY?	8 MARRIED	□ NEVER A	AARRIED T	BALTIMORE	CITY OR CO	UNTY OF	DEATH	
to the		PENNSYLVANIA	U.S.A.		WIDOWED		ORCED	MON	TGOMER:	Y CO.		N
offer d	IO. CIT	ROCKVILLE	11. NAME OF HO	SPITAL, NURSING CILITY, GIVE STREET LUTHE	IG HOME OF	OTHER INST	ITUTION	170 USUAL OC (TYPE OF WORK FO NURS	OR MOST OF WORK	KING LIFE)	NDUSTRY	E BUSINESS O
14 haurs	USUA 130. S	L RESIDENCE (# NURSING HOME O TATE 131 COU MARYLAND BAI	R OTHER INSTITUTION, GIV		ADMISSION)	13d INSIDE C		TJe.STREET AD			21	20%
Fig. 2	Id FA	THER'S NAME	JIII NOTES	DALITAG			MAIDEN NAM		UNCHAIN	UAVE	•	
amplete	7	WILLIAM	MIDDLE	KAUTTER		S	ARAH		MIDDI E	46	SCHAP	
dico dico		AS DECEASED EVER IN U.S. AI	VE WAR OR DATES	SOCIAL SECU		17 INFORMA			ADDRESS			
Po o		ES, DO OR UNKNOWN) (15 YES, GI	2	217-01-8	954	REV. DI	R. RICHA	D REIC	HARD- 1	V.L.H		OCKVIII
ed by tolease rial, cre		underlying cause last.	(6)	S A CONSEQUE	LITCE OF		/					
been sign mit. Then p prior to bu	CATION	PART 2. OTHER SIGNIFICANT		TRIBUTING TO I			- 115	NAL DISEASE O	SY? 20b.	IF YES, W	ERE FINDIN	IGS USED
he law require has been sign then prior tabu	TIFICATION						- 115	200 AUTOPS	SY? 20b.	IF YES, W	ERE FINDIN	
CIAN: The law require in physician. Trificate has been significated the permit. Then that Hygiene prior to buy and Hygiene prior to buy and Bahawas any injury.	AL CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	19b CONDITION  21b. TIME OF II  ATH HOUR A.M.	ON FOR WHICH	OPERATION AY YEAR	WAS PERFO	- 115	200 AUTOPS	5Y? 20b.	IF YES, WI CERTIFY IN: YES	ERE FINDING CAUSES	IGS USED OF DEATH?
	MEDICAL CERTIFICATION	190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER, MOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE	21b. TIME OF II HOUR A.M. P.M. 21e. PLACE OF	ON FOR WHICH YJURY MONTH DA	OPERATION  AY YEAR  19	WAS PERFO	RMED JÜRY OCCURRI	YESP	5Y? 20b.	IF YES, WI CERTIFYING YES	ERE FINDING CAUSES	IGS USED OF DEATH?
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		210. ACCIDENT WAS UNDERLYING  (RETITURE, MOTHEY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this hasp  saw the deceased glive a	21b. TIME OF II  ATH HOUR A.M. P.M. 21e. PLACE OF (AI HOME, STREET	NJURY MONTH DA  INJURY FACTORY, OFFICE, F	AY YEAR 19	WAS PERFO	RMED JÜRY OCCURRI	200 AUTOPS YES NATURE NATURE TO THE NATURE N	206 IN C	IF YES, WI CERTIFYING YES EM 18 PART I	ERE FINDING CAUSES  OR PART 2)  COUNTY	IGS USED OF DEATH? NO STATE
AL OR ATTENDING PHYSICIA the hospital or attending ph AL DIRECTOR: After this certifi etached for use as the burial: the Dept of Health and Mental it if them 21 is marked or them.		190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE AL WORK AL WORK 220.1 certify that (1) (this hasp	21b. TIME OF II  ATH HOUR A.M. P.M. 21e. PLACE OF (AI HOME, STREET	NJURY MONTH DA  INJURY FACTORY, OFFICE, F	AY YEAR 19 FARM.ETC]	211. HOW IN 211. LOCATIC STREET	JÜRY OCCURRI	YES NO PROPERTY NATURE OF MEDICAL	SY? 20b. IN C	IF YES, WICERTIFYING YES [ EM 18 PART 1	ERE FINDING CAUSES  OR PART 2)  COUNTY	IGS USED OF DEATH? NO  STATE
OSPITAL OR ATTENDING PHYSICIA ed by the hospital or attending phy UNERAL DIRECTOR. After this certify die declached for use as the burialishe State Dept of Health and Mental RTANT: If them 21 is marked or them.)		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, MOTHER AT WORK  21d. INJURY OCCURRED  WHIE NOT WHILE AT WORK  220. I certify that (I) (this hass saw the deceased alive a above, (I) (bue) 14443 (did in	21b. TIME OF II  ATH HOUR A.M. P.M. 21e. PLACE OF (AI HOME, STREET	NJURY MONTH DA  INJURY FACTORY, OFFICE, F	AY YEAR 19 FARM.ETC]	211. HOW IN 211. LOCATIC STREET	JÜRY OCCURRI  DN  19  (oux) opinion d  ATTENDING PHYSICIAN	YES NO PROPERTY NATURE OF MEDICAL	SY? 20b. IN C	IF YES, WICERTIFYING YES [ EM 18 PART 1	ERE FINDING CAUSES  ORPART 2)  COUNTY	IGS USED OF DEATH? NO  STATE
AL OR ATTENDING PHYSICIA the hospital or attending ph AL DIRECTOR: After this certifi etached for use as the burial: the Dept of Health and Mental it if them 21 is marked or them.	WEDICAL	21a, ACCIDENT WAS UNDERLYING  (10, CONTRIBUTING CAUSE OF DE  (IF ETHERE, MOTHEY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHITE NOT WHITE AT WORK  22a. I certify that (1) (this hass saw the deceased alive a above, (1) (we) Helid) (did in  22b. SIGNATURE  ### A C D  URIAL, CREMATION, REMOVA	21b. TIME OF II HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREET OUT) view the body of	INJURY MONTH DA  INJURY FACTORY, OFFICE, F er death.	AY YEAR 19 PARM. ETC	211. LOCATION IN CONTRACT 211. LOCATION STREET 21. ADDRESS 23. 5. 3. METERY OR G.	JURY OCCURRI	200 AUTOP: YES NO PROPERTY NATURE  TO MEDICAL DIRECTOR  1234. LOCATI	SY? 20b. IN C	IF YES, WICERTIFY INCLEMENT IN THE PART I	COUNTY   IGS USED OF DEATH? NO  STATE  that (1) (we) Ic couses stated SIGNED	
OSPITAL OR ATTENDING PHYSICIA ed by the hospital or attending phy UNERAL DIRECTOR. After this certify die declached for use as the burialishe State Dept of Health and Mental RTANT: If them 21 is marked or them.)	WEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, MOTEY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK 220. I certify that (I) (this has so the deceased alive obaye, (I) (owe) teled) (did not be so that the sound of the	21b. TIME OF II HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREET OT) view the body of	INJURY MONTH DA  INJURY FACTORY, OFFICE, F er death.	AY YEAR 19 PARM. ETC	211. HOW IN 211. LOCATIC STREET 22. that in (my) EGREE 22. ADDRES	TENDING PHYSICIAN CREMATORY	200 AUTOP: YES NO PROPERTY NATURE  TO MEDICAL DIRECTOR  1234. LOCATI	TALE OF INJURY IN ITIES OF INJURY INJURY IN ITIES OF INJURY IN	IF YES, WICERTIFYING YES EM 18 PART 1  Z 4 19 Ad hour on	COUNTY  d from the  22c. DATE  3-5  U. J. C.	STATE  state  that (I) (wa) locouses stated  SIGNED  2.208

32. 22, 1.2 2 TATE EARLY BEET WELL HATTHER THE STREET STREET - Table - Market - Asserted the state of the s 2-7-1 % Company (September 2011) 

079040	FOR 1 - STATE	DEPAR	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		0 0 9
9 mg	REGISTRAR  DECEASED NAME (TYPE OR PRINT)	TACKSON	RITCHIE	REG. NO.  2a. DATE OF DEATH MONTH  MARCH	DAY 12/EA 985 HOUR 9 15 P
hoop begg	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1	FEMALE	WHITE	SEPT. 1 1896	88 <sub>YRS</sub>	MONTHS DAYS HOURS MIN.
	a. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
deoth.	CONN.	USA	WIDOWED DIVORCED	Montgomery	MD.
o)	Olney	BROOKE GROVE	ING HOME OR OTHER INSTITUTION ET ADDRESS) NURS ING HOME	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI  H. Wife	176. KIND OF BUSINESS OR INDUSTRY Home
filled involved in the could be could b	JSUAL RESIDENCE (IF NURSING HOME 130. STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO UNITY 130. CITY OR TO 01ney	ORE ADMISSION) WN 13d. INSIDE CITY LIMITS? YES \( \text{NO} \) NO \( \text{X} \)	13e STREET ADDRESS 17724 Overwood	Dr. 20832
E, MARYLE completely 1 and 2 sh	4. FATHER'S NAME FIRST George	Jackson	15. MOTHER'S MAIDEN NA Anne	WIDDLE	lson
BALTIMORE, I	60 WAS DECEASED EVER IN U.S. A  (YES, NO OR UNKNOWN)  (IF YES, O	ARMED FORCES? 16b. SOCIAL SEC GIVE WAR OR DATES) 049-36-		ADDRESS itchie Same, a	s # 13
that the death certification is the other than the other day the other day the corbon point, cremation, or remotion, or remotion or other traumatic even	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECUTION OF AS A CONSE	nevce of	M	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
The low require cion. The low require cion. Sit permit. Then giene prior to be the control of the city	PART 2 OTHER IGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b CONDITION OF WHICE 21b. TIME OF INJURY		200 AUTOPSY2 206. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
DIVISION OF VIT DING PHYSICIAN: or offending physics After this certificate e as the buriol-tran oith and Memal Hy marked or Hean 18	OR CONTRIBUTING CAUSE OF RE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED NOT WHILE AT WORK NOT WHILE AT WORK	P.M.  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	19 211 LOCATION STREET	CIJY OR TOWN	COUNTY STATE
DR ATTENI hospital inRECTOR: hed for us lept. of Hem 21 is	sow the deceased alive of	pi(a) attended the deceased from on 19.	ond that in (my) (and) opinion  DEGREE  ATTENDING	death occurred on the date and had	or and from the couses stated
HOSPITAL bined by th FUNERAL outlier bite State the the State	22d. PHYSICIAN'S NAME (TYP	Carried 19	PHYSICIAN PHYSICIAN	DIRECTOR PHYSICIAN DY	1500 Cy m/C
D # D # 3 8	BURIAL, CREMATION, REMOVA	MARCH 18,1985	NAME OF CEMETERY OR CREMATORY EAST CEMETERY	MANCHESTER H	ARTFORD CONN.
DHMH - 16 50M 4/82 (VRA 15, 4)	FRANCIS H. BARBE	R LAYTONSVILLE		TE REC'D. BY REGISTRAR 256, REGIS	TRAR'S SIGNATURE

STREET, CT			
3 2 2 3			Mara 1
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STATE OF THE PROPERTY OF THE	к		
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Et al de la cartar	J		
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## REGISTRAR

I. DECEASED NAME LITYPE OR PRINTS

## STATE OF MARYLAND

DEPARTMENT	OF HEA	ALTH A	AND	MENTAL	HYGIENE	
CE	RTIFIC	CATE	OF I	DEATH		

CERTIFICATE OF DEATH					
	REG. N				
LAST	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
RIVAS	MARCH 13,	1985			6:00P

3. SEX 4 RACE 5. DATE OF BIRTH AUGUST 4, 1929 MALE WHITE

TO BIRTHPLACE I STATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED

NICARAGUA WIDOWED DIVORCED | NICARAGUA NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LESDA NIH, THE CLINICAL CENTER

USUAL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 137 COUNTY 136. CITY OR TOWN 13d. INSIDE CITY LIMITS?

LAST

NICARAGUA CIUDAD DARIO 4 FATHER'S NAME MIDDLE

JUAN JOSE RIVAS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO

RAMON

N/A 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 15 MOTHER'S MAIDEN NAME LOLA

NO [

YES X

MIDDLE

17 620TALong Meadow Rd, McLean. Mrs.Lolita E. Campagne (Sister) 22101 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20a AUTOPSY?

YES X

6 AGE LIN YEARS LAST BIRTHDAY

Professor

9. BALTIMORE CITY OR COUNTY OF DEATH

MONTGOMERY COUNTY

(TYPE OF WORK FOR MOST OF WORKING LIFE)

13e.STREET ADDRESS / ZIP CODE

IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (a), stating underlying cause

PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF PROBABLE SEPSIS, HEPATIC EARLY ABCESSES DUE TO, OR AS A CONSEQUENCE OF

LYMPHOMA, NODULAR HISTIOCYTIC

RESPIRATORY FAILURE

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

2 YEARS

IF UNDER I YEAR IF UNDER 24 HRS DAYS

126. KIND OF BUSINESS OR

school

VALDIVIA

INDUSTRY

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d IN JURY OCCURRED

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

MARCH 13

21e. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE FARM ETC )

211 LOCATION

CITY OR TOWN

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

220 I certify that (1) (this hospital) attended the deceased from February saw the deceased alive an

PHYSICIAN DIRECTOR PHYSICIAN

NATIONAL INSTITUTES OF HEALTH,

23a. BURIAL, CREMATION, REMOVAL

23¢ NAME OF CEMETERY OR CREMATORY NUBIA VACA

23d LOCATION Managua

ROCKVILLE PIKE, BETHESDA, MARYLAND 20205

(aur) apinian death accurred on the date and have and from the causes stated

Nicaragua

STATE

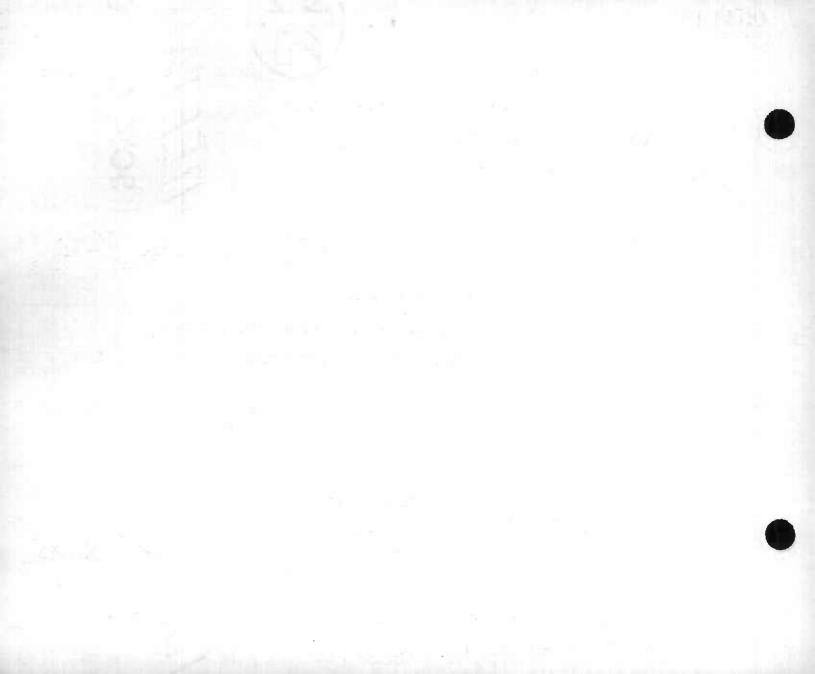
DHMH - 16 50M 4/83 (VRA 15, 4)

Removal 24 FUNERAL DIRECTOR

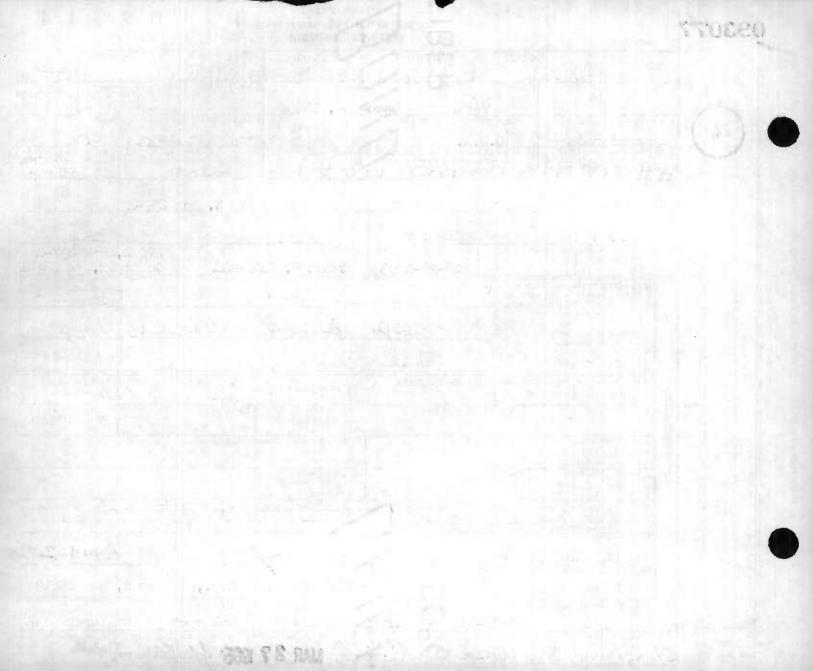
Marshall's Funeral Home, Inc. Washington ,

3-18-85

9th St. NW250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



Culpeper.



completely filled in by the funeral director. I and 2 should be filed within 72 hours after

physicio

ed by the ottending

TO FUNERAL DIRECTOR, After this certificate has been should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to

BP

DHMH - 16 60M 7

(VRA 15, 4)

FOR	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH					
	I. DECEASED NAME	FIRST	MIDDLE	LAST	20. DA			
106182	(TYPE OR PRINT)	Wilbur	" Н.	Rock	M			
Thorage	3. SEX	4. RACE		S. DATE OF BIRTH	6 AGE			

REG. NO

								REG. NO.			
	CEASED NAME E OR PRINT)	Wilbu		H. 4	ı	Rock		March 3, 1985	Y YEAR	26 HOL	JR 10P
				П• 4							M
3. SE		4. RACE S. DATE O				DAY Y	€ AR		NIHS DAYS	HOURS	MIN.
				UST 25,1923		61 YRS					
7a. B	IRTHPLACE (STATE ORI	FOREIGN 7	6 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARR	IED 🔲	Montgomery	FDEATH		
	SHINGTON, D		U.S.A.		WIDOWE					MD	
10 C	OT TOWN OF DEA	ATH		OMETY GET		HOSPITAL	ION	120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OI INDUSTRY		
	Olney					nospitai	4.2	POSTAL SUPERVISOR	u.s.	GOVT	
130	STATE	136 COUN		GIVE RESIDENCE BEFORE 13t. CITY OR TOWI		134 INSIDE CITY LI	MITS?	13e.STREET ADDRESS / ZIP CODE	1.5		
	RYLAND	MONTGO	DMERY 1	ROCKVILLE		YES NO		14212 ARCTIC	AVENUE	208	53
14 F	ATHER'S NAME	N	IDDLE	LAST		15. MOTHER'S MAI		MIDDIF	LAST		
	WILBUR		HOPKINS	ROC	:K	N	IARY	EVA	BOND	)	42
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS			
	YES		II	578-22-4	565	KATHRYN	L. R	OCK SAME AS 13	WI	FE	
	18 CAUSE OF DEAT	H (Enter only	one couse per	line for (a), (b), and	C	T. 1	1.	1	BETWEEN	MATE INTE	RVAL DEATH
	PART I. DEATH W	IMMEDIATE		Sustaine	ed ve	miricular	, Ta	chykand ia	h	ours	
			DUE TO, OR AS A CONSEQUENCE OF						1		
	Conditions, if ony	, which	(b)	severe	car	diomy of	1	M	moning		
	gove rise to improve the improvement of the improvement in th		DUE TO OF	R ASNA CONSEQUE	NCE OFA	4 0/ 3	1				
	underlying couse		(6)	chronic	ale	cohol con	nsum	Min - machine	1 4	ear	5
	PART 2. OTHER SIGN	VIFICANT CO	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO T	HE TERM	INAL DISEASE OR CONDITION GIVEN	V IN PART 1 c		
CERTIFICATION											
CAT	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY? 20b. IF YES, Y	WERE FINDIN	OF DEA	D
TIF								YES NO YES		NO [	
A.	210. ACCIDENT WAS UNI		216 TIME OF	FINJURY M. MONTH DA	Y YEAR	21t HOW INJURY	OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2)		
AL	OR CONTRIBUTING		P./		19						
MEDICAL	21d INJURY OCCUR	RED	21e PLACE C	OF INJURY		211 LOCATION		CITY OR TOWN	COUNTY		STATE
2	AT WORK AT WO	AILE RK	(AT HOME SIK	EET, PACTORY OFFICE, PA	ARM EIC J	4					
	220 I certify that	(this hospite	ol) ottended the	deceased from		. 19	85	_, to3_3, 19	85	that nin (	we) lost
	sow the deceose	ed like on_	yew the hady	3 3 19	85 . or	nd that in (our)	opinion d	leath occurred on the date and hour a	and from the a	couses st	oted
	224 SKONATURE		/	oner deom.	1500	DEGREE			220 DATE	SIGNED	
	Vos	for t	leon	ard		ATTEN	DING ICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/2	0/85	
	224 PHYSICIAN SM	AME (TYPE OR	PRINT)			22e ADDRESS			,		
	Koger	F. L	eonard			10401 0	196	eorgetown Rd, Bett	resda	MD	
	BURIAL, CREMATION,	REMOVAL	23b DATE	23c N	IAME OF C	EMETERY OR CREM	ATORY	23d LOCATION			
	(SPECIFY) RIPTAL		3/7/85	CF1	DAR H	ILL CEMETI	ERY		GEO.	Î	MO.
24 F	UNERAL DIRECTOR	FRANCT	S J. CO	LLINS		1	PROM	REC'D RY REGISTRAC 256 REGISTRA		URE	m
5	00 UNIV. BL	UD W	STIVER	SPRING A	MD. 2	0901	IMIT 4	O 1000 Julia Decido	an Hand	L'AL	
-	VV VIVLV BUL		POS EACH								

MAR 8 8 1935 J. Co. P. Co. Separation.

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	1-	STATE		DEPARIM		EALTH AND MENTAL HYC					
100000	I DE	REGISTRAR Edith		MIDDIE		AST	REG. NO	MONTH DAY	YEAR 2b. HOUR -		
m 4		OR PRINT)		D 1		Rodgers	3/2/VC		- 41		
0	3 SE:	Edit	14 RACE	Roda	S. DATE C		6 AGE (IN YEARS LAST BIRT)	HDAY) IF UNDE	RIYEAR IE UNDER 24 HRS		
		- FX	n Wh	ite	MONTH	DAY YEAD		MONTHS	DAYS HOURS MIN.		
(h	-	male /	XXXXXX		July	20 1897	87	YRS	1711		
3		RTHPLACE (STATE OR FOREIGN	N. Series	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DE	АІП		
1	10 C	Virginia TY OR TOWN OF DEATH	U.S.		WIDOWE	DR OTHER INSTITUTION	1120 USUAL OCCUPATION	onery	MI OF PUSE OF		
7/1	-	> 11 1		H FACILITY, GIVE STREET A		OR OTHER INSTITUTION	TYPE OF WORK FOR MOST OF	WORKING LIFE) IND	KIND OF BUSINESS OR USTRY		
4	100	sethesda	Su	burbai	- H	017	Restaurate	eur Ou	n Business		
346	13a S	AL RESIDENCE (IF NURSING HO)	ME OR OTHER INSTITUTION. OUNTY	13c. CITY OR TOWN		138. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE			
11			ontgomery	Kensing	ton	YES X NO	3511 Fred	derick Pl	20895		
61		THER'S NAME FIRST	WIDDIE	IASI		15 MOTHER'S MAIDEN NA	ME		LAST		
N		Thomas		Campbell		Quileya	Jean		Lawhern		
		VAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SECUI		17 INFORMANT			andon Ave.		
1		V.		578-26-0	0229	Eunice E. Sh	adle (Dau.)				
t,		18 CAUSE OF DEATH (Ent	er only one couse per	line for (a), (b), and	l (c).)				APPROXIMATE INTERVAL		
ven			18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Causalia regulate facilities  [MMEDIATE CAUSE (b)] Causalia regulate facilities  [MMEDIATE CAUSE (c)] Causalia regulate facilities  [MMED								
tic e				R AS A CONSEQUE	wahe						
080		Conditions, if any, which		multi my	lin	derese in	mluis \$1				
	87	gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
		underlying couse lost DUE TO, OR AS A CONSEQUENCE OF									
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
	CERTIFICATION										
1	CAT	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE	FINDINGS USED AUSES OF DEATH?		
7	TE		HO 100				YES NO	YES	NO [		
5	CER	210. ACCIDENT WAS UNDERLYIN	LIGHT A		Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR	PART 2)		
1	AL	OR CONTRIBUTING CAUSE C	OF DEATH		19						
	MEDICAL	214 INJURY OCCURRED	21e. PLACE	OF INJURY	1	211 LOCATION	CITY OR TO		UNIY STATE		
	₹	WHILE NOT WHILE AT WORK	] [AT HOME, STI	REET, FACTORY, OFFICE, FA	ARM, ETC )	ZIMEEL	CITORIO		STATE		
	-	220.1 certify that (I) (this I		e declased from_	3/.	3/85 19		18/5	that (1) (we) las		
		saw the deceased pliv	re on	300 19	P.S 01	nd that in (my) (our) opinion	death occurred on the do	te and hour and f			
		obove, (1) (we) (did) (d 226. SIGNATURE	id not) view the body	ofter death.		DEGREE		22	C DATE SIGNED		
		/s	mena:	1, 54		ATTENDING	MEDICAL STAF		3/3/1985		
1		22d. PHYSICIAN'S NAME I	TYPE OR PRINT)			PHYSICIAN	DIRECTOR   PHYSIC		2/2/1907		
	-7	11): 1/2 . 1.	vac Ca	Mina.	MD	777	2	2045	>		
	22- 1	Willem				Folle	123d LOCATION	7000			
		BURIAL, CREMATION, REMO SPECIFY) <b>Burial</b>	March			metery or Crematory		od Piffy	ice Geo. si Md		
	24 5	With the processor				WEI S					
83	24 1	NAME JOSE Ph G	awler's S	ons 5130	Wisc	. Ave.N.	1 1965 4	AL WELLEGON	Banda		
				Wash	ingto	n, D.C.	10		1.1.45		

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7871/3/3

Burial Parch 7,1985 Rt. Lincoln Teretary Brentwood rince Geo. Ed. Joseph Gawler's Sons 5170 isc. .v. .i.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

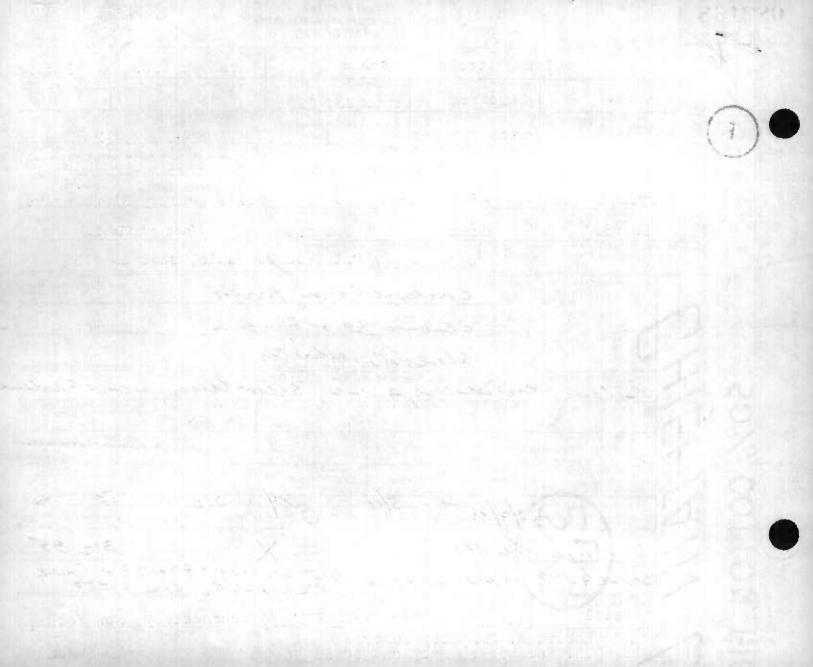
3	1.	FOR STATE REGISTRAR	TATE CENTERCATE OF DEATH							
		CEASED NAME FIRST		MIDDLE	LAST		26 DATE OF DEATH MONTH DAY		Y YEAR 2b	HOUR
00 40 21	(TABE	OR PRINT)	AN	М.	F	RODGERS	MARCH 24	4. 1985	8	1000
094021	3 SE		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY] IF	UNDER TYEAR IF U	NDER 24 HRS
N 1-	F	EMALE	CAUCAS	IAN	JULY	16,1905 YEAR	79	YRS	DAYS HO	URS MIN.
E ROILY	7a B1	RTHPLACE (STATE OF FOREIGN	76 CITIZENO	F WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	F DEATH	
1/1/	u	ASHINGTON, D.	c. u.s	. A.	WIDOWE		MONTGOME	ERY		MD.
(1)	10 C	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF OF WORK FOR MOST OF	ON DE WORKING LIEFT	12b. KIND OF BU	SINESS OR
2 2 2	G	AITHERSBURG	HERMAN	WILSON HE	ALTH	CARE CENTER	HOUSEWI	FE	II VOSTKI	
1 1136	13e. S	AL RESIDENCE (IF NURSING HOME TATE 13b CC		113c CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE PORTLA	IND ROAD	20901
1 11 14 1	14 FA	THER'S NAME		A LINE WAY		IS MOTHER'S MAIDEN NAM	AE .			
1 11/1/		SAMUEL	MIDDLE	ROSE		HENRIETT	A		LOCKE	
S S S		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDRE	ESS		
Pog a	N	O OR UNKNOWN) (IF YES.	GIAE MAK OK DATES!	579-07-4	1645	DAVID RODGE	RS SAME	AS 13	SON	1
physicia in papers imoval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pi ISED BY: IATE CAUSE (b)	er line for (a), (b), and		again atony	aust	Ania:	APPROXIMATE BETWEEN ONSET	
h cer nding or re or re		in in it		OR AS A CONSPQUE	NCE OF	1		7.4.14	- 10	6
deat atter atter atter coum		Conditions, if ony, which	(b)_	Hy	int	Tanio			700	723
by the ose remail, cremo	NO	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO,	OR AS A CONSEQUE	NCE OF			- 7.		
equires the signed Then plect to burial injury, or		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
on. bas bee t permit.	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDINGS ING CAUSES OF D	
physicio physicio rificate ol-transit tal Hyper	-0.7	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21e. How injury occurr		RY IN ITEM 18 PAR	TIORPART2)	
FENDING PHYSICIA and or attending plants of the confidence of the burnol-structure of the burnol-structure of the confidence of the confid	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLAC	E OF INJURY STREET, FACTORY, OFFICE F		211. LOCATION	CITY OR TO	IWN	COUNTY	STATE
Africa ose os more		22a.1 certify that (I) (this he	<del>spital</del> ) ottended	the deceased from_		. 19. 75	_, to	125 19	8 5 , that	(l) (we) lost
TTEN Portal for H		saw the deceased alive above, (I) (we) (did) (did	not view the boo	ofter death.	85,0	nd that in (my) (aux) apinion d	leath accurred on the d	ate and hour c	and from the caus	es stoted
OR ATT OR ATT DIRECT oched fo Dept of f Item 2	3,4	226 SIGNATURE	/	<i>y</i>		DEGREE		47	22c DATE SIGN	4ED
14 140 -		1	1	ファ	7		MEDICAL STA	IAN [	3/25/	85
HOSPITAL nined by 11 FUNERAL vuld be det th the State		224 PHYSICIAN'S NAME (14)	PE OR PRINT)			22e ADDRESS 1210.	5 Darnes	stown	Rd.	
TO HOSPITAL retained by 1 TO FUNERA should be de with the Stati		ROMALD E.	GREG		).	Gai	Thersbur	9. mi	2087	8
	23a E	URIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	0=31:	L'OUNTY	STATE
BP	24.5	BURIAL			¿LENW(	OOD CEMETERY	WASHING			
DHMH - 16 60M 7/84			NCIS J.				PECD BY REGISTRAR		Cavidan A	ends 82
(VRA 15, 4)	1 5	00 UNIV. BLVD.	.W., SILV	EK SPKING.	MU.	20901	1300	11	mer incornal	

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AV A STORE AND AN AREA OF THE STORE AND AN AREA OF THE STORE AND AREA OF THE STORE AND AREA.

			FOR			PEPARTMENT O	HEALTI				9	0 1 6	5
michael	00495	1	REGISTRAR		MEL	DICAL EXAMI	NER'S		E OF DEA	KE	G. NO.		1-1-14
	98135		CEASED NAME OR PRINT)	DONN	Υ	MIDDLE	ROGE	RS		OF ESTI- DEATH MATE	N		2b HOUR
	IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E S FOR YOUR FILES. ED WITHIN 72 HOURS. RESTON STREET,	3. SEX	ALE	WHITE	5 DATE OF BIRTH	YEAR 1984	YEARS IF UI	HS DAYS HOU	NDER 24 HRS.	2c. DATE PRONOUNCED DEAD	3-2	-85 19	2d HOUR 8:05a
•	IECESSA INERAL FOR YOUNTHIN	FO	RTHPLACE (STAREIGN COUNTRY) Olney,		76. CITIZEN OF WH		8 MARR WIDOV		MARRIED X	9. BALTIMORE CO Montgome	_		MD
	PAG PAG E FILE	10 CT	OCKVILL	E DEATH	(IF NOT IN SUCH FAC	PITAL, NURSING HO	5)		12a. USI FOR	UAL OCCUPATION MOST OF WORKING LIFE NONE	(TYPE OF WORK	126. KIND OF B OR INDUST NONE	USINESS
21201	IF ANY DE 2, AND 3 TO 3 T	13a S1	L RESIDENCE (I	113b COUN	DR OTHER INSTITUTION, GIV TY COMERY	CROVE HOSE RESIDENCE REPORT ADMITS. CITY OR TOWN	1	T3d. INSIDE CITY LIM	13e. STR	eet address 2400 Ri	iver Ro	ad 2084	12
WD.	PM 3.	14. FA	THER'S NAME FIRST		WIDDLE	ogers, Jr		15 MOTHER'S A	MAIDEN NAME tricia	MIDDLE	Mowe	11 LAST	
BALTIMORE,	SES SES	16a W		EVER IN U.S. AR	MED FORCES? WAR OR DATES)	None	RITY NO.	17. INFORMANT		ers, Jr.	RESS Same	as # 13	
			18 CAUSE OF	DEATH (Enter on TH WAS CAUSE)	ly one couse per line		t deat	-				APPROXIMA	
RECORDS, 201 W. PRESTON ST.	CECUTED WITHIN IG" IN PENCIL IN AL EXAMINER A BURIAL - TRANSIL AND-MENTAL HY ATION, OR REMC	NO	gove rise couse (o) s lying cous	i, if ony, which to immediate toting the <u>under-</u> e lost.	(b)	AS A CONSEQUENCE  AS A CONSEQUENCE  BUT NOT RELATED TO THE T	E OF						
VITAL REC	SHOULD CHIEF / CHIEF / E USED T OF HE URIAL,	CERTIFICATION	19a DATE OF C			ION FOR WHICH OF						20. AUTOPS	
DIVISION OF VITAL	S THE WOOD THE WOOD THE WOOD B ARTMEN	MEDICAL CE		OR G CAUSE OF I	DEATH P.M.	MONTH DAY YE	AR		CURRED (ENTER	NATURE OF INJURY IN IT	EM 18 PART 1 OR P.	ART 2)	
DIVIS	VER: THIS CER CATE, WRITING FORWARDED OR: PAGE 3 SI HE STATE DEP (ND, 21201 PR	MED	21d INJURY OF WHILE AT WORK		210 PLACE C STREET, FACT	OF INJURY (AT HOME ORY, FARM, ETC.)		STREET		CITY OR TOWN	cc	DUNTY	STATE
•	MEDICAL EXAMI CUTE THE CERTIFIC SE 4 SHOULD BE FUNERAL DIRECT TER DEATH, WITH ITMORE, MARYLA		death resulted	AME Mana	The	Accident	SuicideA	TITLE (SPECI	FY) .	Inquiry DETERMINED  DICAL EXAMINER  Street	ond in my o	ED <u>3-4-85</u>	
07/84	Bb———	1	Burial		March 5,19	985 Prosp	ect C		M	OCATION OR TOWN It. Airy	Frede	erick M	STATE
25M	DHMH - 17 (VR A15 ME (5))		INERAL DIRECT NAME RANCIS	OR H. BARBE	ER LAYTO	NSVILLE, 1	D. 20			Y REGISTRAR 25b	REGISTRAR'S		

083168	FOR STATE REGISTRAR		DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 5 C	90	17
10	1. DECEASED NAMI		WIDDLE	LAST	20 DATE OF DEATH MON		2b. HOUR
y be	THE OKYKINI)	Hele	en Gaska	Rohan	March 2, 1		10:55
for. po	Female		Caucasian	5. DATE OF BIRTH Sept. 25, 1902		YRS. DAYS	IE UNDER 24 HRS HOURS MIN.
(1)	New Yor		United State	MARRIED NEVER MARRIED	Montgomery		MD
to See of	Gaither:		11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK EOR MOST OF WOR HOMEMAKET	PKING LIEE) 126. KIND C INDUSTRY OWN	Home
hin 24 hour ely filled in 8 should be f	USUAL RESIDENCE 130 STATE Marylan 14 FATHER'S NAME	d Mont	OTHER INSTITUTION GIVE RESIDENCE BEFO	ORE ADMISSION) WN 134. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP 13146 Count	CODE 208	
complete complete of example to the complete of th	Casmi	r	Gaska MED FORCES? 166 SOCIAL SEC	Pauline CURITY NO. 17 INFORMANT	(not	available	)
be exe on and Page	(YES NO OR UNKNO	(IF YES, GIV	062-28	1	R. Fazio, sa		
e death certificate of the corporate of	Canditions,		lly one cause per line for (a), (b), od by).  (E CAUSE (o)  DUE TO, OR AS A CONSEQ  (b)	LEWISCE OF BELLETA	ilme	SETWEEN	IMATE INTERVAL ONSET AND DEATH
he low requires that the non. In the been signed by the it permit. Then please reprint to buriel, creater the manifolds of the none of the		luce H	DUE TO, OR AS A CONSEQUENCE ON DITIONS CONTRIBUTING TO	rulonghali	MINAL DISEASE OR CONDITION  200 AUTOPSY?  YES NO	ON GIVEN IN PART TO  FYES, WERE FINDO  CERTIFYING CAUSES  YES	Face NGS USED
ICIAN: 1 g physic ertificate riol-frons	OD CONTROLITI	WAS UNDERLYING ENG CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN I	TEM 18 PART 1 ORPART 2}	Ne
offendin ter this c	(IF EITHER, NO. 21d. INJURY ( white at work	NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E FARM, ETC.)  211 LOCATION STREET	CITY ORTOWN	COUNTY	STATE
RATTENDIF hospital or RECTOR Al ed for use op pt of Health		deceased alive on	tal) attended the deceased from		to	nd hour and fram the	1 1 1 1 1 1 1
TO HOSPITAL OR recoined by the P. TO FUNERAL DIR should be detected with the Store Designation of the Store Designation o	D	LA LEGALIN'S NAME (TYPE O	Muy MS	ATTENDING PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	3/2	AUE
Bb Should be sho	230 BURIAL, CREM	ATION REMOVAL		NAME OF CEMETERY OR CREMATORY OST Holy Redeeme	r Schenecta	dy, New	STATE
DHMH - 16 50M 4/B3 (VRA 15, 4)	Homes,	P:A. Ro	A. Pumphrey	Funeral 250 DA	ITE REC'D. BY REGISTRAR 256 I	REGISTRAR'S SIGNAT	TURE



74045	X	1.	FOR STATE		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG	IENE 5	0 9	0	8
. 6		1. DE	REGISTRAR CEASED NAME FIRST		MIDDLE	CERTIF	CATE OF DEATH	REG. N	O. MONTH DAY		26. HOUR
, d ( )	1		Cibera	O 4. RACE	7.	To DATE O	OTA	6. AGE (IN YEARS LAST BIR	3 00	85	F UNDER 24 HRS
4 P	/	3 SE	Male		rite	Sepa	DAY YEAR	69		NIHS DAYS	HOURS MIN
deoth. Poge oneral di nn 72 ha	75	1	RTHPLACE (STATE OR FOREIGN COUNTRY) CNNSULVANÍA	76. CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY C		F DEATH	M
ofter de	70	10. C	TY OR TOWN OF PEATH	11 NAME OF		NG HOME C	R OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C Banquet Co	OF WORKING LIFE)	INDUSTRY	F BUSINESS O
4 hours	26	13a S		ME OR OTHER INSTITUTION	13c. CITY OR TOV	E ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
within 2 letely fill d 2 shou			THER'S NAME	ontgomery MIDDLE	Silver.	Spring	YES NO 15. MOTHER'S MAIDEN NAM	ME MIDDLE	rnell V	LAS	20902
d comples I and			Christopher VAS DECEASED EVER IN U.S	ARMED FORCES?	Rota 166 SOCIAL SECT	JRITY NO.	Dominica 17 INFORMANT	ADDRI	ESS	Purel	'lo
S. Pag	Date of the second			14-1946	150-07-	9074	Anne H. Rota	Same o	us #13		
physics physics movel.	, 10		18 CAUSE OF DEATH (Ent. PART I. DEATH WAS CA	er anly one cause pe AUSED BY: DIATE CAUSE (a)	CANDI		TC				MATEINTERVAL ONSET AND DEATH
nding carbon			IMME	DUE TO, C	R AS A CONSEQU	ENICE OF		1 - 1-	^		WS
the dec		18	Conditions, if ony, whice gove rise to immediate couse (a), stating the	e )	OR AS A CONSEQU		eco Gerous	cente	MIA		pr o
ed by please rial, cr	5		underlying cause los	<u>t.</u> (c)			NOT BELLIYED TO THE TEN	nia picture on cou			
equire n sign Then p	, dan land	NO	PART 2 OTHER SIGNIFICA	INT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART TO	,
on. has been therefore the prior	T J	CERTIFICATION	19a DATE OF OPERATION	1% COND	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, V IN CERTIFYII YES	NG CAUSES	OF DEATH?
SICIAN: TI ng physici certificate irial-transit	-/		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHIEF HOTHY MEDICAL EXA	OF DEATH HOUR A		AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
G PHYSI officer this certification officer the buri	Neg or a	MEDICAL	214. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY		211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
NDIN olor olor olor use os	e s		220.1 certify that (I) (this I	7	he deceosed from_	MA	PCH 19 83		19		that (II (we) la
R ATTEN hospital RECTOR hed for u	- 7 E.		sow the deces a live obove, (I) (we) did (d	id not) view the body	y affer death		od that in (my lour) pinion o	death accurred on the d	ote and hour a	22c. DATE	
o st o o o o			Kichand B	Sollen		M	PHISICIAN	MEDICAL STA	FF CIAN []	3-	10-85
TO HOSPITAL retoined by 11 TO FUNERAL should be det with the States	2		RIGHARD L	4. Peil	EN ,	mo	10400 GANE	inem A	KEISV	6700	· mg
BP		23a I	BURIAL, CREMATION, REMO	Mar.			emetery or crematory of Heaven	23d LOCATION STORY	Spring	, Mari	yland"
DHMH - 16 50M 4/8 (VRA 15, 4)	33		INERAL DIRECTOR Fran 500 Universit		ADDRESS	r Spri	ng. Md. 250 DATI	REC'D. BY REGISTRAR	256 REGISTRA	R'S SIGNAT	URE

Littians 3 400 E 2 4485 And which the rest englished the state of the Dr-18-2 cm REALIZED BY BUCKER MY LOYOU GOVERNMENT AND PRESENTED MYSTERS

6-083169	STATE OF MARYLAND  1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH	3 5 0 9 0 1 9 REG. NO.
9 / 1	(TYPE OR PRINT) Emma L. L. Kothwell	DATE OF DEATH MONTH DAY YEAR 18 HOUR 1345 M
200	FEMALE  4 RACE WHITE  5 DATE OF BIRTH SEPT. 20, 1,909 YEAR	TE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
death: Pege	Virginia USA MARRIED NEVER MARRIED UNIONCED DIVORCED	Montgomery MD.
by the fu	Rockville Shady Grove Advents tooth	USUAL OCCUPATION  PREOF WORK FOR MOST OF WORKING LIFE   NOUSTRY  Secretary  Labor Union
AND 21:		STREET ADDRESS / ZIP CODE 13915 Berryville Road 20874
MARY!	George Jennings Is Mother's Maiden Name	- Jennings Ast
TIMORE,	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT NO. 17 INFORMANT NO. 18 Nancy L. Heil	Same as # 13
ON ST., BAL	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W. PRESTON es that the death ce bed by the attendin please remove carb uriol, cremotion, or, or ather troumatic	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost	7dy
RECORDS, 2  The require  The property of the p	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH WILL OF THE MEDICAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH WILL OF THE MEDICAL PART 2. OTHER SIGNIFICANT CONDITIONS FOR WHICH OPERATION WAS PERFORMED.	TOUS ASE OF COMMENT OF THE PART THE TOUS AUTOPSY? 200. IF YES, WERE FINDINGS USED
VITALRE la contra la contr	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED	YES NO
NG PHYSKIA attending physicial the buridith on the buridith	OR CONTRIBUTING CAUSE OF DEATH (IF ETIMER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21d. INJURY OCCURRED  WHILE AT WORK	CITY OR TOWN COUNTY STATE
ATTENDES spital or spital or spital or spital or spital sp	22a.1 certify that (   (this hospital) attended the deceased from	to
HOSPITAL OF 1 Coined by the ho O FUNERAL DRE Could be deteched the ficus Dept.		AEDICAL STAFF RECTOR   PHYSICIAN
TO HOSPIT etcined by TO FUNER should be 50 with the 50 WPORTAN	WILLIAM H. KILLAY, M. D. Bethesda, Md	
BP	Burial March 4,1985 Nat'l Mem. Park	FALLS CHURCH FAIRFAX Va.
DHMH - 16 50M 4/83 (VRA 15, 4)	Francis H. Barber Laytonsville, Md. 20879MAR 06 1	C'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

ACCULATION OF STREET STREET STREET

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	U	7	U	La	-

ı	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
		CEASED NAME FIRST OR PRINT) BELLA		RUV	AST	20. DATE REPEATH	27 2/ 198	5 10 53 N
	3. SE)	emale	Whi:	te min	102/03	6 AGE (IN YEARS LAST BIRTH)	DAY) IF UNDER LYEA MONTHS DAYS	
)		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	MARRIEI  A WIDOWE		9 BALTIMORE CITY OR MONTGOMER		M
	5	INCSPING M	(IF NOT INSUCH	OSPITAL, NURSING HOME C FACILITY, GOVESTREET ADDRESS)	LOSPIZA	(TYPE OF WORK FOR MOST OF V		OF BUSINESS OR
	MÁ	1	OR OTHER INSTITUTION OF	RUCKVILLE	134 INSIDE CITY LIMITS?			20852 ANE
	MA	THER'S NAME FIRST	MIDDLE	WEINSTOCK	HANNAH	ME MIDDIE	FIN	KLESTEIN
	NO NO	S, NO OR UNKNOWN) (IF YES.	ARMED FORCES?  GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 577-10-6398B	SAMUEL RUDO		ESSIONAL L	ANE
		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one couse per SED BY.	erebrilandic	ar Acciden	1	APPRO BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	(b)	AS A CONSEQUENCE OF				
	NO	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PART	110
X	CERTIFICATION	190. DATE OF OPERATION	19b. CONDIT	TION FOR WHICH OPERATIO	N WAS PERFORMED		206 IF YES, WERE FIND IN CERTIFYING CAUSE YES	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A.M	A. MONTH DAY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2	)
	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	2fe PLACE C	F NJURY ET FACTORY, OFFICE, FARM, ETC.)	2H LOCATION STREET	CITY OR TOWN	N COUNTY	STATE
		220.1 certify that (I) (this has sow the deceased glive above (I) (we) (did) (did)	7 9 0 /	1	nd that in (my) (our) apinion	death accurred on the date	e and hour and from the	_, that (1) we) lost he couses stated
		22b. SIGNATURE	The 1		DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYSICIA	_ 3/	2 V F S
	13	22d. PHYSICIAN'S NAME (IV)	OOZH		4701 RANDO	LAH KO ROC	kville N	10

BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b. DATE BURTAL 3/24/1985

STREET, N. W. WASHINGTON, D.

23c NAME OF CEMETERY OR CREMATORY

JUDEAN MEMORIAL GARDENS

OLNEY, MONTGOMERY, MARYLAND

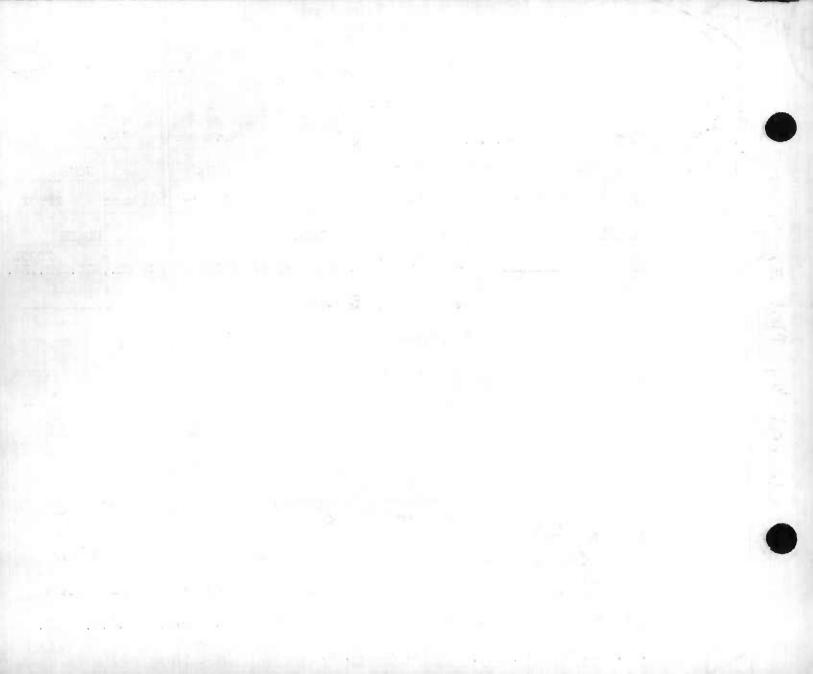
"STEIN HEBREW MEMORIAL FUNERAL HOME

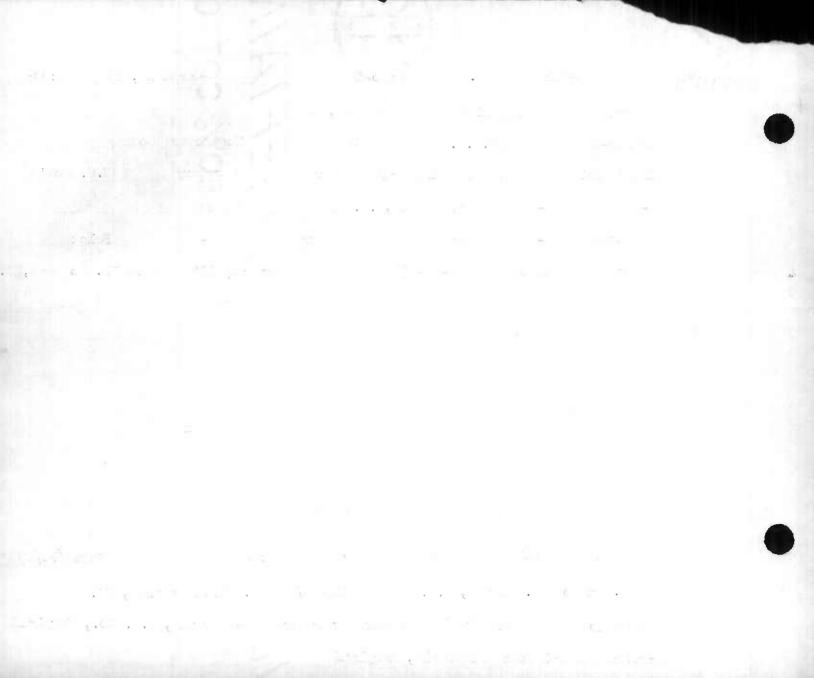
		STATE REGISTRAR CEASED NAME	FIRST	130	MIDDLE	CERTIF	ICATE OF DEATH		G. NO.	DAY	YEAR	2b. HOUR
deoth deoth			largare		E.	Rupe	rtus		3	14	85	5:30
sctor. po	3 SE	female	4.	RACE white		Jan.	DAY YEAR	6. AGE (IN YEARS L	AST BIRTHDAY) YRS	MONTHS	DAYS	IF UNDER 24 HR
neral dire	1	RTHPLACE (STATE OR COUNTRY) ashington		U.S.A	WHAT COUNTRY?	2 8	D NEVER MARRIED	9. BALTIMORE C		TY OF DE		,
s ofter d	10 CI	TY OR TOWN OF DE.	ATH 1	1. NAME OF	HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	170 USUAL OCCI	JPATION OST OF WORKING	12b.		BUSINESS O
filled in rould be in rould be in	USU, 13a S	AL RESIDENCE (IF NUR STATE Laryland	136 COUNT Mon te	THER INSTITUTION Y SOMERY	ROCKVIL	RE ADMISSION)	13d INSIDE CITY LIMITS? YES AO	134 STREET ADDR	ESS / ZIP CO	pe <b>ve</b> nu	120	1852
impletely and 2 sh	14. FA	THER'S NAME Charles	MI	DDLE	Diller	Q.A.	Molile	MIO		Bacth	iause	n
on ond co		VAS DECEASED EVER YES NO OR UNKNOWN) NO		ED FORCES? WAR OR DATES!	577-50-		Mr.William		#5 N.Ac			Md.  ockvil  mate interval poset and deal
0 0 0 0	100	Conditions if any	which	DUE TO, O	R AS A CONSEQU	JENCE OF						
ow requires that the deal been signed by the atter mit. Then please remove i prior to buriol, cremation any injury, or ather troum	CATION	Conditions, if ony gove rise to im couse (o), statiunderlying couse PART 2 OTHER SIG	mediate ng the e lost.  NIFICANT CO	DUE TO, O	R AS A CONSEOL	DEATH BUT	NOT RELATED TO THE TERY	4	206 IF Y	nfe ES WER	EFINDIN	GS USED
CIAN. The law requires that the deal physician.  rificate has been signed by the atterbrans: permit. Then please remove tial Hygiene prior to burial, cemation in 18 shows any injury, or ather troum	AL CERTIFICATION	gove rise to im couse (o), stofi underlying couse PART 2 OTHER SIG	mediate ng the e lost.  NIFICANT CO ADDITION  IDERLYING  CAUSE OF DEATH	DUE TO, O  IC)  ONDITIONS COND  19b. COND  21b. TIME COND  HOUR A	R AS A CONSEQUENT OF INJURY M. MONTH E	DEATH BUT	: Urma	100 AUTOPSY	20b IF Y IN CER	LES WERI	E FINDING CAUSES	der.
in The law ree hysician. reate has been reast permit. I Hygues prior in IB shows any in	MEDICAL CERTIFICATION	gove rise to im couse (0), stofi underlying couse PART 2 OTHER SIG  OR CONTRIBUTING CURETIMES NOTIFY MED 2 Id INJURY OCCUR	INTERIOR OF THE PROPERTY OF TH	DUE TO, O  IC)  DIDITIONS CI  19b. COND  21b. TIME CI HOUR A P. 21c. PLACE	R AS A CONSEQUE	DEATH BUT H OPERATIO  DAY YEAR 19	WAS PERFORMED	POR AUTOPSY YES NO RRED (ENTER NATURE O	20b IF Y IN CER	PES WERE WEYING YES  B PART I OR	E FINDING CAUSES	GS USED OF DEATH?
TAL OR ATTENDING PHYSICIAN. The low resilve hospital or ottending physician.  RAL DIRECTOR: After this certificate has been detached for use as the buriol-transit permit. It tote Dept. of Health and Mental Hygiene prior Inte Dept. of Health and Mental By shows any in it. If them 21 is marked or them 18 shows any in the manual marked or them.		gove rise to im couse (0), stofiunderlying couse (1), stofiunderlying couse (1) and (1	INTERIOR TO COLUMN TO THE CAUSE OF DEATH CALEXAMINER)  RED  (RED	DUE TO, O  IC)  ONDITIONS C  19b. COND  21b. TIME C HOUR A P. 21c. PLACE (AT HOME. SI	ONTRIBUTING TO  ONTRIBUTING TO  OF INJURY M. MONTH E  M.  OF INJURY REEL FACTORY, OFFICE.  THE deceased from,  THE DECEASE OF TOWN  THE	DEATH BUT  DEATH BUT  A DAY YEAR  19  FARM EIC)	21c. HOW INJURY OCCUP  211. LOCATION STREET  29 19 7  and that in (my) (aux) opinion  DEGREE  M. D. ATTENDING PHYSICIAN	POR AUTOPSY  YES NO  RRED (ENTER NATURE C	200 IF Y IN CER	YES CO	E FINDIN CAUSES	GS USED OF DEATH? NO  STATE
R ATTENDING PHYSICIAN The low rest hospital or attending physician.  RECTOR: After this certificate has been hed for use as the burial-transit permit. The ept. of Health and Mental Hygiene prioritien 21 is marked or frem 18 shows any in them 21 is marked or frem 18 shows any in	MEDICAL	gove rise to im couse (a), stofi underlying couse (b), stofi underlying couse (b), stofi underlying couse (b), stofi underlying couse (b), stofi underlying (c), stofi underlyin	INTERIOR OF THE CANSE OF DEATH OF THE CANSE OF THE	DUE TO, O  Ic)  DNDITIONS CI  19b. COND  21b. TIME CI HOUR A  21c. PLACE (AT HOME, SI  View the body	ONTRIBUTING TO OF INJURY M. MONTH D M. MONTH D M. MOTH D M. M. MOTH D M. M. M. MOTH D M. M	DEATH BUT  DEATH BUT  DAY YEAR  19  FARM ETC.)	21c HOW INJURY OCCUP  21l. LOCATION STREET  29 19 7  and that in (my) (our) opinion  DEGREE  ATTENDING	POOR AUTOPSY  YES NO  RRED (ENTER NATURE CO  city  death occurred on	OR TOWN  STAFF HYSICIAN   WAR	YES WERITOR	EFINDING CAUSES (PART 2)	GS USED OF DEATH? NO  STATE

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andev. u	THE STATE	Х	ellin, ok yawas	sumo. Liter dans's
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Tivaca, Sheata.	S & mouth.		77-7-77	- 60
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(VRA 15, 4)



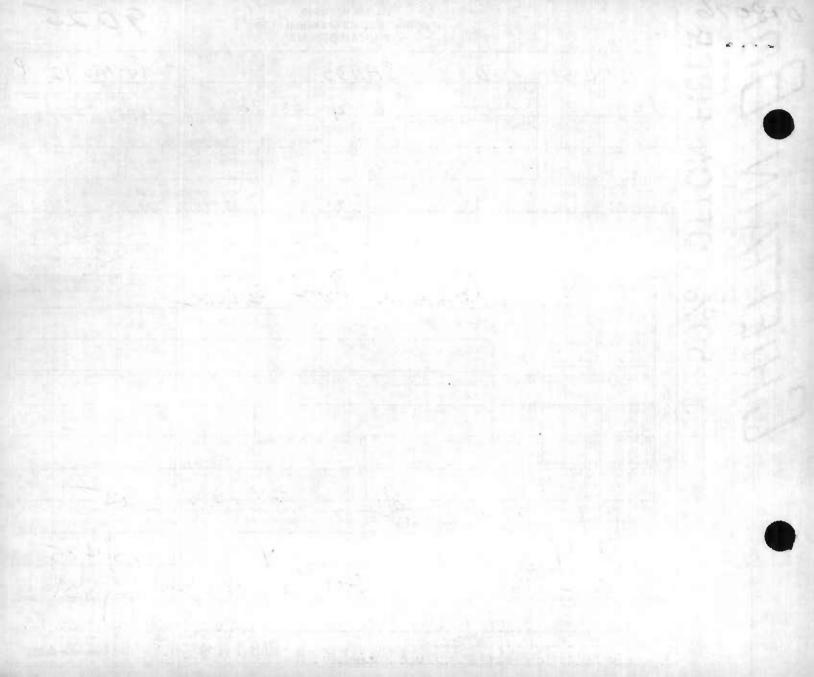


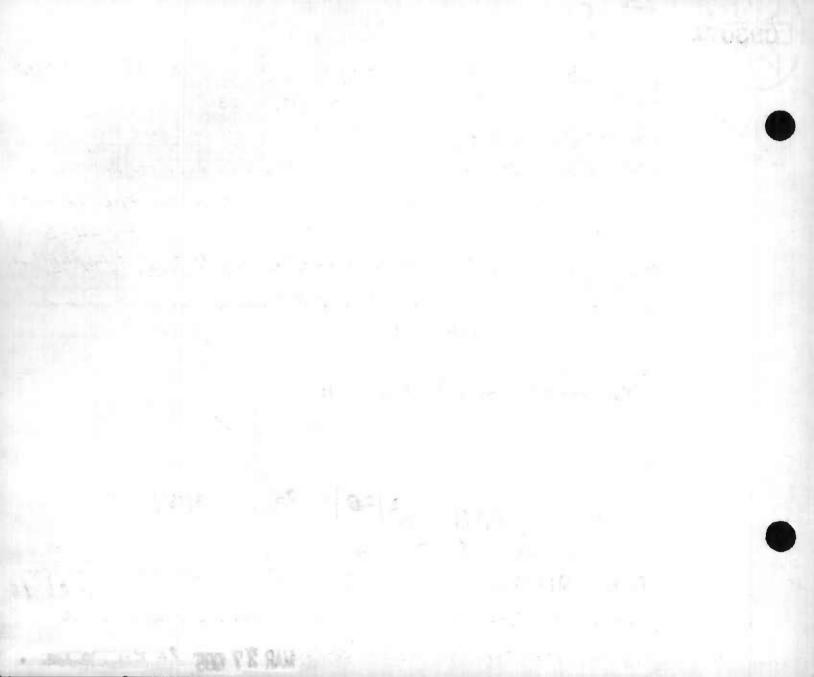
## STATE OF MARYLAND

78076	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND MICATE OF DE	ENTAL HYG	IENE 5		02	5
		OR PRINT A SHE	FIRST	RACE	MIDDLE	SE	ANDS DE BIRTH		20 DATE OF DEATH	3-14-	1985 13	OUR AM
recto T	1.56	Fem	4.	Whi	te	MONTE 6		VEAR 08	76	YRS MON	INS DATS HOU	
ther death Per short of the funeral di	0	RTHPLACE (STATE OR FI COUNTRY) hio ITY OR TOWN OF DEA		U.S.A	HOSPITAL, NURSI	MARRIE WIDOWI		DRCED [	Mantaa 128 USUAL OCCUPA (TYPE OF WORK FOR MOST	mery	DEATH  12b. KIND OF BUSINDUSTRY	MD SINESS OR
24 hours of filled in by the old be filed	13a		NG HOME OR OF	THER INSTITUTION Y	Cross Hoz	PE ADMISSION)	13d INSIDE CIT		NUTSE.			2004
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DHMH - 16 60M 7/B (VRA 15, 4)

500 University Boulevard W. Silver Spring Md.



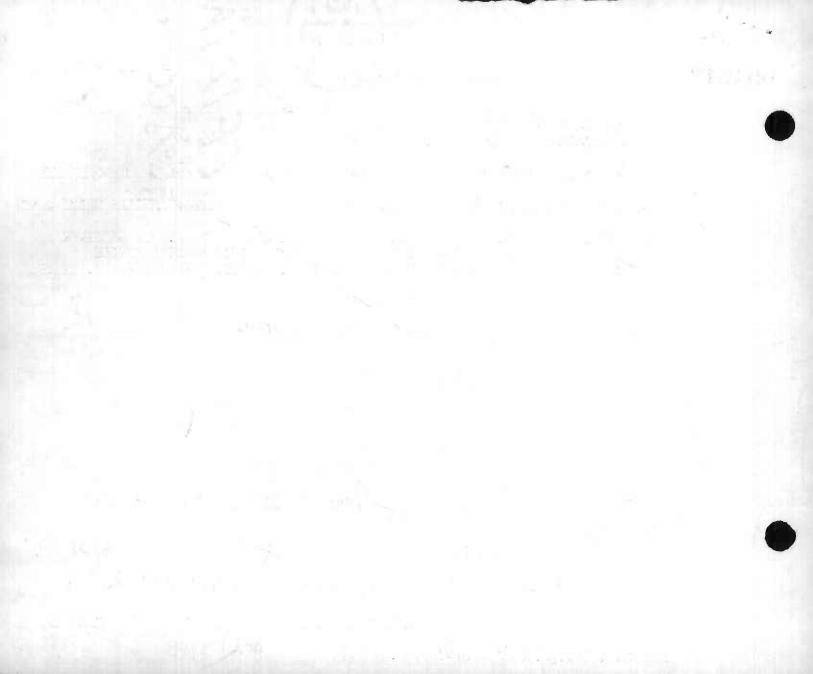


	FOR 1 - STATE	DEPART	STATE OF MARYLAND  MENT OF HEALTH AND MENTAL HY	GIENE 5 0	9027
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noy be	1. DECEASED NAME FIRST (TYPE OR PRINT) Leopold II	C MIDDLE	Schiller		31 85 26 HOUR
ctor po	Female Female	4 RACE Whife	5. DATE OF BIRTH  MONTH  DAY  YEAR	6. AGE (IN YEARS LAST BIRTHDAY)  97 87  YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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hot the deoth c by the ottendir Sse remove carl i, cremation, or other troumation	Conditions, if ony, which gave rise to immediate cause (a), stafting the underlying cause lost	DUE TO, OR AS A CONSEON	70(0)	isease	•
equires the signed of the pleating for the pleating the formal of the fo		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	VEN IN PART Tro
on. hos been t permit ene prior	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \)
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TTENDIN pitol or TTOR. Af for use of Health	sow the deceased alive a	of view the bady after death	87, and that in (Ary) (our) opinion	death occurred on the date and hou	19_55, that (I) (Fee) lost or and from the couses stated
by the hos by the hos ERAL DIREC e detoched Stote Dept.	22 MSIGNATURE Shere	on		MEDICAL STAFF  MEDICAL STAFF PHYSICIAN	224 DAJE SIGNED 4 /1/85
TO HOSPITAL etained by 11 TO FUNERAL should be det with the State with the State IMPORTANT:	PETER Sher	er mo	3947 Ferra	ra Dr. Whea	ton md 20901
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DHMH - 16 50M 4/83 (VRA 15, 4)	24 FUNERAL DIRECTOR DANZA		MORIAL CHPLS. 250 DA	TE REC'D. BY REGISTRAR 25b. REGIST	TRAR'S SIGNATURE

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A.	FOR STATE REGISTRAR	DEPA	ARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		7021
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	SEX F	4. RACE	5. DATE OF BIRTH MONTH DAY YEA	5 70	MONTHS DAYS HOURS MIN.
160	BIRTHPLACE ARY CANT COUNTRY MARY CANT CAN XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CXX CISA	MARRIED   NEVER MARRIEI	HeNT.	UNITY OF DEATH
Illed with	Monto Monto	11. NAME OF HOSPITAL, NU  (IF NOT IN SUCH FACILITY, GIVES  VAS DUNYTON	IRSING HOME OR OTHER INSTITUTION TREET ADDRESS)	N 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	KING LIFE) 126 KIND OF BUSINESS OR INDUSTRY  HOMPMAKER
130	a STATE 136	HOME OF OTHER INSTITUTION GILL RESIDENCE 8 COUNTY 13C. CITY OR 1 NTGOMERY BILVER		206 GRA	CODE NVILLE DRIVE 2090
150	FIRST	M. GAR1	DINER	IDATIA L.	GARDINER
led be med	(YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? 15 78CIA S	FC188350 17 INFORMANT SC XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Y CIRCLE MDALE, VA. 22003
event-th	PART I. DEATH WAS	inter only one cause per line for initial CAUSED BY: MEDIATE CAUSE (0)	ozulmenary arre	ot	APPROXIMATE INTERVAL BETWEEN CHISET AND DEATH
al, cremotion, or or other troumotic			EQUENCE OF	cinoma	1 ks.
or to bury, or			TO DEATH BUT NOT RELATED TO THE		
B shows ony injur	190 DATE OF OPERATION	N 196. CONDITION FOR WE	HICH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)
	OR CONTRIBUTING CALL	E OF DEATH HOUR A.M. MONTH	DAY YEAR 19	CCURRED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)
rked or them	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AMOME STREET, FACTORY, OF	FICE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
for use of Healt	220.1 certify that; (I); (Ihu saw the diction did)	IVIIMITE	om	pinion death occurred on the date or	nd haur and from the couses stated
detoched tote Dept	22h. Maryu	n D. Meltz	DEGREE ATTEND PHYSIC		3/26/25
should be with the St	MARTIN W	DE TOPE OR PRINT)	Greenway (TRR	Greanhelt m	D 20770
	de. BURIAL, CREMATION, REA (SPECIFY) BURTAL	3/29/85	231. NAME OF CEMETERY OR CREMA  ARITHGEON NATION	VAL ARLINGTON	COUNTY STATE VIRGINIA
OM 4/83	NAME FR.	ANCIS J. COLLINS	ESS MD. 20901	APR 1 1985	Filia Davidson-Hondall

STATE OF MARYLAND



	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 haurs after death. Pagretioned by the hospital or attending physician.	the death certificate be executed within 24 haurs after death. I
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct should be detached for use as the busial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed within 72 hour with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	the attending physicion and completely filled in by the funeral of remove corbonpopers. Pages 1 and 2 shauld be filed within 72 hemoval.

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	1-4		
DEPARTMENT	OF HEALTH	AND MEN	TAL HYGIENE
CE	RTIFICATE	OF DEA	TH

			020025		E OF MARYLAND	8 5 0	9 0 3	0
1.	FOR STATE		DEPARTA		EALTH AND MENTAL HYG	IENE		0
	REGISTRAR				ICATE OF DEATH	REG. NO.		
1. DE	CEASED NAME	FIRST A	AIDDLE.	l	ASI	28. DATE OF DEATH MONTH		HOUR
	SARAH E.	LIZABETH	SCHWA	RTZ	BECK	3-		5:12 M
3. SE	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOL	INDER 24 HRS
	Fema1e	Caucas		Octo	ber 17,1902			JAN JANA
	RTHPLACE (STATE OR FOR		WHAT COUNTRY?		D NEVER MARRIED	BALTIMORE CITY OR COUNT		
	aryland	United		WIDOWE		Montgomery (		MD.
10 CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN H FACILITY, GIVE STREET		OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUS	SINESSOR
	1ney	Sharon			me	Homemaker	Own Ho	
130.5	AL RESIDENCE (IF NURSING		13t. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COI	DE 2085€	)
M	aryland Mo	ontgomery	Rockvil	1e	YES 沈 NO	13850 Travi:	lah Road	
14 FA	ATHER'S NAME	WIDDIE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDIE	LAST	
	Samue1	Model	Rober	ts	Sarah	Model	Roberts	son
	VAS DECEASED EVER IN		166 SOCIAL SECU			ighter) ADDRESS 21	110 New	
1.	YES, NO OR UNKNOWN) (	N / A	214-74-	9445		ella Hampshir		
		147.71		Washington, Na	00,00 110	Brookevil		INTERVAL.
	PART I. DEATH WAS	Enter only one course per CAUSED BY:	line for (c. Vr. on	One	Lus Hear	to The MI	- HIMINGOOD	IAAA
	IM.	MEDIATE CAUSE (a)	~	12/	and Moran	1 hours	Old .	-
		DUE TO, OF	AS A CONSEQUE	MY DON	and North		II	Lhee
	Conditions, if any, w		^	10	Kinglers	mer	2 10	MARY
- 1	couse (o), stating	the DUETO OF	AS A CONTROL	not de	11 11		100.	h
	underlying couse	lost.	10/	1/	THE CHE		- VVA	M
_	PART 2 OTHER SIGNE	TOUNT CONDITIONS CO	NIRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	WALDISEASE OR CONDITION O	IVEN IN PART IN	
MEDICAL CERTIFICATION		HOW	Não F	21m	M GAW	morne		
CA	190 DATE OF OPERATIO	IN CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20h AUTOPSY 20h IF Y	ES, WERE FINDINGS	USED DEATH?
E								0 🗆
Ü	210. ACCIDENT WAS UNDER	110110	FINJURY M. MONTH DA	V VEAD	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
¥.	OR CONTRIBUTING CAU	SE OF DEATH		19				
ă	21d. INJURY OCCURRED	21e_PLACE (	OF INJURY		211. LOCATION	CITY OR LOWN	COUNTY	STATE
¥	WHILE NOT WHILE	[AT HOME STR	EET, FACTORY, OFFICE, F	ARM ETC )	STREET	CITY OR TOWN	COUNTY	STATE
1	229.1 certify that (I)	haspital) attended the	deceased from		25 19	10 0 4	. 19 00 , that	(I) mollost
113	saw the deceased	alive on 3	19	1	nd that in (my) (our) opinion	death occurred on the date and hi	our and from the caus	es stated
	22b Sitsningune	Not a Note the body	ofter death.		DEGREE		22c. DATE SIG	NED
- 6	LIVE	ANON	10		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/19/	83
	224. BHYSICIAN'S NAM	E THE DEMINIO	1		22e ADDRESS	1, 7 4		01
	(; +1	MAN L.	120		18111 P-7	halan Dr. (1)	They Mil	52.802
27- 5	BURIAL CREMATION DE	Matho det Javon	rch 122. N	JAME OF C	EMETERY OR CREMATORY	123d LOCATION	. 5-1 : 50	
230	BURIAL, CREMATION, RE (SPECIFY) Buria.				ıwn Memorial	CITY OF TOWN	COUNTY	STATE
		209	TOU IT	TIVIG	wit Mellorial	Rockwille	Marvl	and

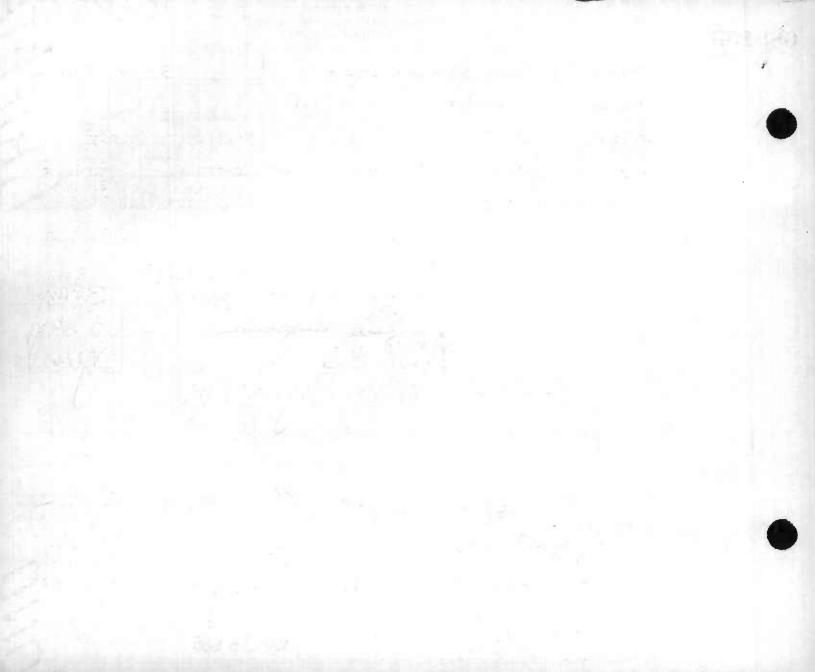
DHMH - 16 50M 4/B3 (VRA 15, 4)

BP

IMPORTANT: If Item 21 is marked at Hem 18 shaws ony injury, or other troumotic event, the

Robert A. Pumphrey Funeral 24 FUNERAL DIRECTOR Rockville, Maryland Homes

MAR 2 6 1985



078158	1.	FOR STATE	DEF	PARTMENT OF	E OF MARYLAND EALTH AND MENTAL HY	GIENE 5	090	3
( 1)		REGISTRAR			ICATE OF DEATH	REG. N	o.	
1 2 /4		CEASED NAME FIRST M	ATTIE LOU H	OTTOMY.	Y SCOTT	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
4 4	1.00	MATTIE		150	OTT	3	- 14 - 85	8 33/AM
or a	3. SE	The second second	4 RACE	May	27 PAY 1904	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR	R IF UNDER 24 HRS
oge oge		FEMALE	BLACK	5	27 04	80	YRS.	
death. P		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	MARRIE WIDOW!	D NEVER MARRIED DO DIVORCED		RCOUNTY OF DEATH STY County	, MD
by the filed with	M	ONTGOMERY	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE HOLY CR	STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION OF THE OF WORK FOR MOST OF HOMEMAK	F WORKING LIFE) INDUSTRY	OF BUSINESS OR
AND 21;	13a.		OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION	13d. INSIDE CITY LIMITS? YES 📉 NO 🗌	Ile STREET ADDRESS	Circle, NW	(20,005)
, MARYL ompletely lond 2 s		(unknown)	MDOLE Hollo		15. MOTHER'S MAIDEN NA PEARL	Buckne		AST
be executor on and control of con		VAS DECEASED EVER IN U.S. AR		1-8014	17. INFORMANT HUSP 1	eco & E	Sh)ll Loga lder James	n Circle
ST., BAL		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ily ane cause per line far (a , ( D BY: TE CAUSE (a)	dioc	orres o		APPRO BETWEEN	XWATE INTERVAL NONSET AND DEATH
DS, 201 W. PRESTON quires that the death c signed by the attendin hen please remove cork to burial, cremation, or	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING	SEQUENCE OF	A EFFUS	AINAL DISEASE OR CONI	DITION GIVEN IN PART 1	la'
ral recor	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO		20e AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
IAN. physical inficat of Hyse		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	THE OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
DIVISION OF VITAL RECORDS  NG PHYSICIAN The low requirent of tending physician offer this certificate has been signs on the buriol-transit permit. Then the and Mental Hygiene prior to backed as mental Endowment injury	MEDICAL	EIF EITHER NOTIFY MEDICAL EXAMINER  216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e PLACE OF INJURY (AT HOME STREET FACTORY O	FFICE, FARM ETC J	ZII LOCATION STREET	CITY OR TO	VN COUNTY	STATE
TTENDIII TOR A for use of Healt		22a.l certify that (1) (this haspit saw the deceased alive an above, (1) (max/did) (plid not	3-14-		d that in (my) (or) opinion	to March death occurred on the do	14 , 19 85 , te and hour and from the	that (1) (was last
TAL OR A y the hos tal DIREC detoched one Dept.		226. SIGNATURE	ero In		DEGREE	MEDICAL STAF	22c. DATE	SIGNED/
O HOSPII eformed b TO FUNER should be with the Si		Robert Bo	oxbaum, M.D		10313	Ocorpora le	log 8, (8)	mad.
Cagaga	23a. B	URIAL, CREMATION, REMOVAL Burial	23b. DATE		METERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
111777			03/19/85	Arling	ton Nation	al Arlingt	on, Virgin	ia
(VRA 15, 4)		NERAL DIRECTOR LATNI 31 Ga. Ave. NW			MAR	1 8 1985	SHREE CARABASIS ON	House

500 UNIV BLVD. W. SILVER SPRING MD. 20901

FOR

REGISTRAR

NAME

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h HOUR

IF UNDER 24 HRS

20912

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

NO [

3/20/85

was Dain decoport

STATE

STATE

27 41 14941 53 1 4995 1 = 1 =

086060 1 FOR STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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6.4	-	0	12	6

		REGISTRAR CERTIFICATE OF DEATH REG. NO.									
100		CEASED NAME ORPRINT)	FRAM	UK MI	W.	88	PHRE	3 - 2	1 - 8	S YEAR	240 A
	3 SEX	Male		White:		July	13, 1888 YEAR	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
1	(	Germany		U.S.A	Table	WIDOWE		9 BALTIMORE CITY C	ontgom		MD.
2	5	ty or town of DEA Silver Sprit	ng	" Sylva	in Manor	Núrs	ing Home	120 USUAL OCCUPAT		Pattern	maker
>	13a S	Maryland	13b GOUNT	gomery	ROCKVII		136 INSIDE CITY LIMITS?	13e.STREET ADDRESS 7120 Wo	If Tree	Lane	20852
-	14 FA	THER'S NAME Unkno	wn	DDLE	LAST		is mother's maiden name of the state of the	nown		(AS	
	16a V	VAS DECEASED EVER	(IF YES, GIVE V		074-01		Daniel Poo	le same as			
	NO	Conditions, if ony, gove rise to improve the improve to improve the improve the improve the improve the improve the improvement to improve the improve the improvement to improve the impr	/AS CAUSED IMMEDIATE , which mediate ing the lost	DUE TO, OR  DUE TO, OR  DUE TO, OR  (c)	AS A CONSEQUE	ENCE OF	dexeas	leverence e welk rular o	eudi	<i>y</i>	MATE INTERVAL INSET AND DEATH
2	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERA				OPERATIO	TION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINE IN CERTIFYING CAUS			YING CAUSES	
7	MEDICAL CER	2)a. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER NOTIFY MEDI 21d. IN JURY OCCUR! WHILE NOTIFY AT WORK AT WOO 22a.1 certify that (I) 55 W 10 CONTRIBUTION AT WOO 274.5 KINN AT US	CAUSE OF DEATH CALEXAMINER) RED HIE RK (this hospitol	P.M.  21e PLACE O (AT HOME STREE	FINJURY ET FACTORY, OFFICE, F	ARM ETC)		CITY OR IC	7/2/ ote ond hour	COUNTY	
		BARRY	AME (TYPE OR P		UBAVM	,40	22e ADDRESS 373	INGTON,	AGUT	20891	
	23a B	URIAL, CREMATION, SPECIFY Burial	REMOVAL	3/25 3/25	2/85	Park!	emetery or crematory lawn Memorial	Park R	ockvill	e, Mary	land

DHMH - 16 60M 7/B4 (VRA 15, 4) Parklawn Me

138 BURIAL, CREMATION, REMOVAL

139 DATE

3/22/85

Parklawn Me

14 FUNERAL DIRECTORYSON Wheeler Funeral Home, Inc.

1331 Rockville Pkke, Rockville, Maryland 20852

MAREZO 6 1985 PAR 256 REGISTRAR'S SIGNATURE

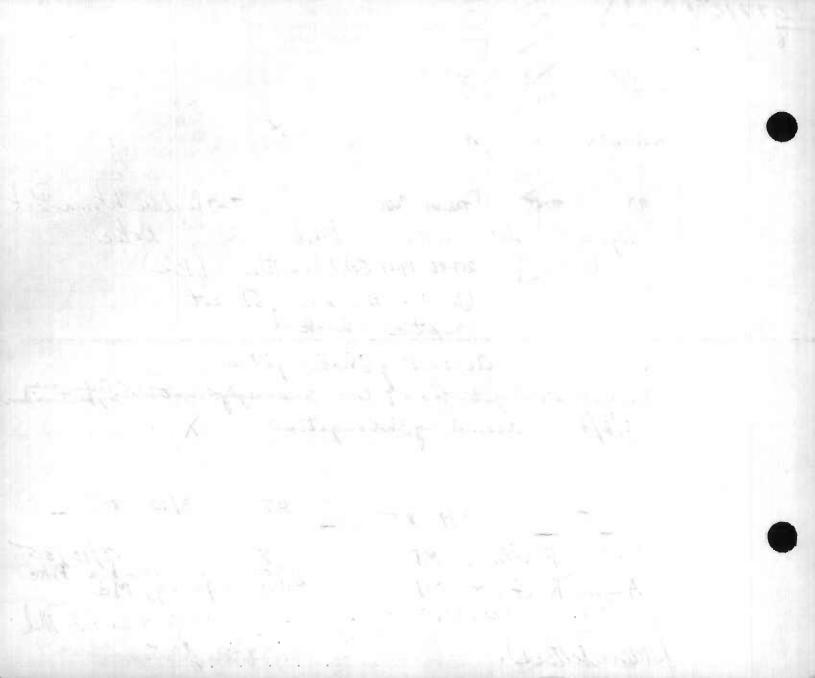
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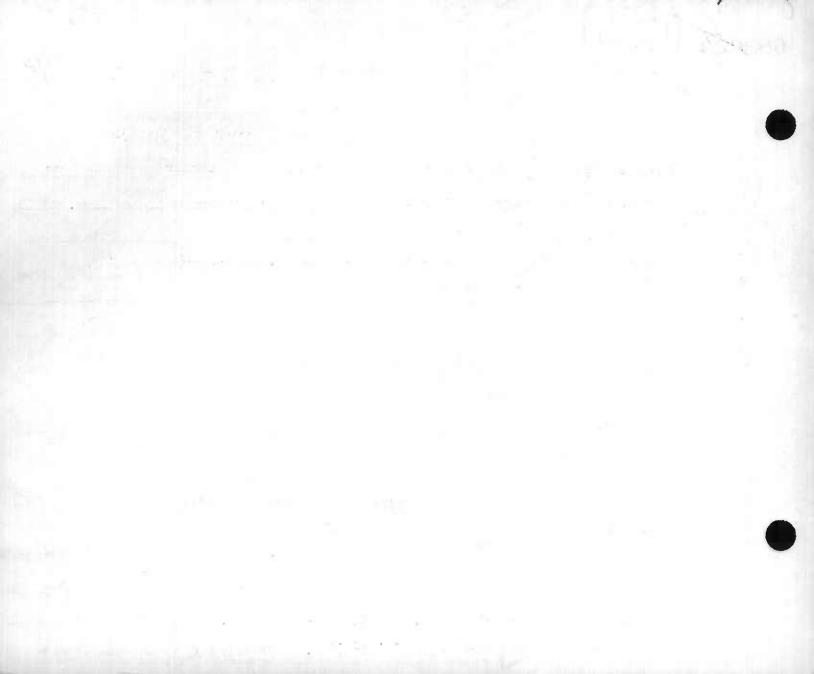
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077/69	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	9034
		ECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH PE OR PRINCE SETTLE MAR 10	DAY YEAR 26 HOUR 3 28 AM
ge 4 may	3. SE	S. DATE OF BIRTH  MONTH  DAY  YEAR  4. RACE  WYEARS LAST BIRTHDAY)  MONTH  DAY  YEAR  21 35  79 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
deoth. Pa	i		RERY COUNTYMO.
201 us offer of by the fiffiled with		TAKOMA PARK WASHINGTON ADVENTIST HOSPITAL TITLE ABSTRACT	
in 24 hours y filled in should be	13a	JAL RESIDENCE IN NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE  136. COUNTY  136. COUNTY  137. CITY OR TOWN  138. INSIDE CITY LIMITS?  138. STREET ADDRESS / ZIP COUNTY  TAKENS PAINE  15. MOTHER'S MARIEN NAME	E Takoma Park
E, MARYI	A	WAS DECESSED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Y INFORMANT ADDRESS	elet.
BALTIMORE	100	(YES, NO OR LINKHOWN OF GIVE WAR OR DATES) 217-36-7943 Exceld, Settle (13e)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., entific g ph con p		PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o) Cardio - Rulmonary arrests	BETWEEN ONSET AND DEATH
that the death or by the attending sose remove cort of the recomplish.		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Shock  (b) Supplies Shock  DUE TO, OR AS A CONSEQUENCE OF Cholangeties	
e low requires the nos been signed permit. Then ple ne prior to burion was ony injury, or was ony injury, or we have the prior to burion was ony injury, or we have the prior to burion was ony injury, or we was ony injury, or we was one we was	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GOOD TO BE A STOPPS THE ANALYSIS OF THE PROPERTY OF THE PROPERT	ES, WERRY MOINGS USED TYPING CAUSES OF DEATHY (ES [ ] NO [ ]
ON OF VITAL  IVSICIAN: The  ding physicion  social choice in  buviol-tronsit p  Mental Hygier  r frem 18 shoy			Field 1 DEPART 21
NG PHYSICIAN: offending physician is certificat os the buriol-from th and Mental Hys orked or Item 18	MEDICAL	THE PLACE OF INJURY  AT WORK IN A TOUR IN THE PLACE OF INJURY  AND INJURY OCCURRED.  THE PLACE OCCURRED.  THE PLACE OF INJURY  AND INJURY OCCURRED.  THE PLACE OF INJURY  AND INJURY OCCURRED.  THE PLACE OF INJURY  AND INJURY OCCURRED.  THE PLACE OCCURRED.  THE PLACE OF INJURY  AND INJURY OCCURRED.  THE PLACE OCCUR	COUNTY STATE
A ATTENDIII hospitol or RECTOR. A pt. of Hoolie or user 21 is more an 21 is more and a pt. of hoolie or 21 i		22a.t certify that (I) (this hospital) attended the deceased from	
by the hore ERAL DIRE e detoche Store Dep		2726. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN    2726. PHYSICIAN'S NAME (Type OF PRINT)  2726. ADDRESS 1/ 700 OVA COLV	3/10/85 m. b. a. Peter
TO HOSPITA retoined by TO FUNER, should be with the Str IMPORTAN	23a.	ALan R. Gair MD Silver Spring, BURIAL CREMATION, REMOVAL PART PARTY 1985 Ft. Lincoln Bladenshure	Md
BP	1	Takoma Funeral Home DATERNO BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE
(VRA 15, 4)		Willer fetters : 254 Carroll St. MARI 3 085 guinder	iden-Randell

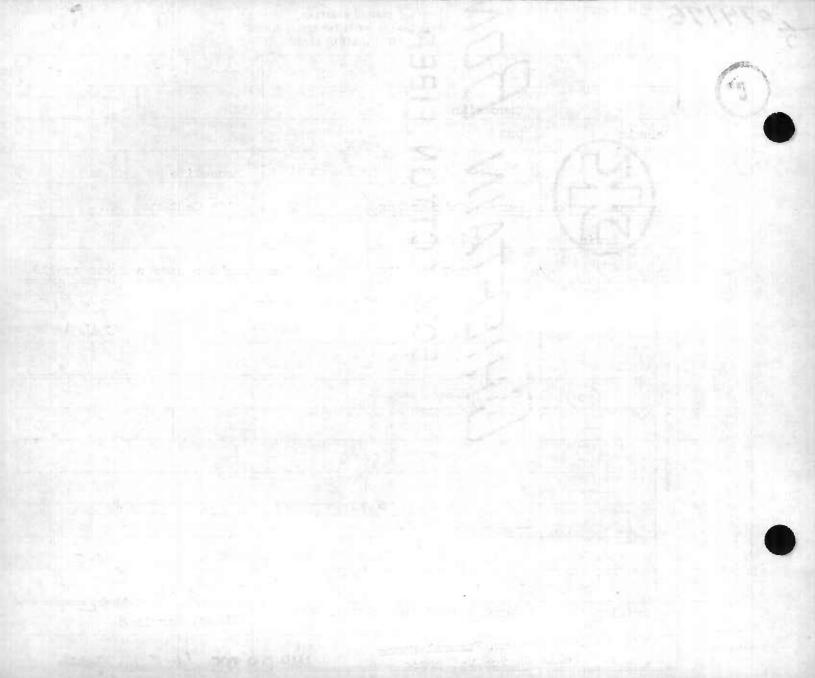




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088127/2	1.	FOR STATE			DEP		EALTH AND MENT		<b>0</b> 5	0	9 0	3 6
OCCIPIO		REGISTRAR	TTIT		TELAN				REG.	NO.		
	I. DE	CEASED NAME MUR			MIDDLEJEAN	1 1	AST DITIET	11212 20	DATE OF DEATH	MONTH	DAY YEAR	R 26 HOUR A
	(1117)	Whitell WA	riel	Jea	n	Sheph	1810			3	21 85	5 1035 M
6 A.	3. SE	(	14	RACE	-	5. DATE C	OF BIRTH	6	AGE (IN YEARS LAST		IF UNDER 1 YE	
1 61	3 02	FEMALE	See l'	A 0	HITE	MONI		re AR	7-7-		MONTHS DA	
		FEMALE		00		(	4	29	65	YRS		
d 00 00	70 B	RTHPLACE (STATE OR FO	DREIGN 71	L CITIZEN OF	WHAT COUN	TRY? 8	NEVER MARR	9	BALTIMORE CITY			
Control 720	KE	TUCKY SA		И	SA	WIDOW			11.60	NT6	ONER	V
P 24 8	10. C	TY OR TOWN OF DEAT	TH 1	1. NAME OF	HOSPITAL, NI		OR OTHER INSTITUTI		USUAL OCCUPA		-	D OF BUSINESS OR
- 4 4 4 6 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6	1	DEN WILL	=	11	CH FACILITY, GIVE		Hist Hospi	7 8 14	CO-OWNER	MANTA		STRUCTION
20 cs	1	DESIDENCE OF COL		Shady	GIANC	Harel	11101 110001	1100		HALVAC	The state of	20854
2 a a a 2	13a.	AL RESIDENCE (IF NURSIF	13b COUNT	THER INSTITUTION	13c. CITY OR	BEFORE ADMISSIONS TOWN	134. INSIDE CITY LI	MITS?	STREET ADDRESS	S / ZIP CO	DE	20074
NN 24	10	MP	110	25	120	CAVILLE	YES NO		118M62		557	MIN09
rthir tely 2 sh	14. F/	THER'S NAME					15. MOTHER'S MAI	IDEN NAME				
MARYLAN ed within 2 ond 2 shoulder		JESSE	Ê	DDLE	BURTÔ	V	FAN	NIE	MIDDLE		BARTON	LAST
5 0	16. \	VAS DECEASED EVER I				SECURITY NO.	17. INFORMANT		ADD	RESS		
MORE e exect		(ES, NO OR UNKNOWN)		WAR OR DATES)			C. ALLE	M CUT			10 11 1	2
TIM S. Po		NO			700	134481	C. ALLE	м оп	EFIERD	S AME	AS # 1	
hysicie poperional		18 CAUSE OF DEATH PART I, DEATH WA	(Enter only	one couse per	line for to I, (I	o), and (c)					BETWE	PROXIMATE INTERVAL
phy phy veni	1		AS CAUSED IMMEDIATE		46173	TATIC	CAMERON	MA 6	LUNGO	70		
S S S S S S S S S S S S S S S S S S S		The first section of	IMMEDIAIL		BRAI	N, 00	NES.					
he death c me ottendin motion, or r froumatic		C to 16		DUE TO, O	R AS A CONS	EQUENCE OF	VOUR	OF	2 6400	50	95	
A de		Conditions, if ony, gove rise to imm		(b)_	(-	me 1	Julion		04/00	٠,		
> = =====		couse (a), stating underlying couse		DUE TO, O	RASACONS	EOUENCE OF						
thorat thorat a by oil, o		underlying couse	1051	1(0)								
ires ane burn y, o		PART 2 OTHER SIGN	IFICANT CO	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO T	HE TERMINA	L DISEASE OR CO	NDITION	GIVEN IN PART	l lia
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low require of the this certificate has been signs of the burol-tronsit permit. Then the and Mental Hygiene prior to be orked or tem 18 shows any injury orked or tem 18 shows any injury.	CERTIFICATION	040 60	M C	(P)	hun	ulens	~ /d	hun	1copo	".".		
bee mit.	1	190 DATE OF OPERAT	ION	196 COND	ITION FOR W	HCH OPERATIO	N WAS PERFORMED	1/	200 AUTOPSY?	206 IF Y	ES, WERE FIN	NDINGS USED
Re lo lo	≝								YES TO NOTA		TIFYING CAUS	SES OF DEATH?
The The Sha	E	21a. ACCIDENT WAS UNDE	BIYING 🗖	21b. TIME C	E INTITIPY		21c HOW INJURY	OCCUPPED				NO []
Phys Phys Phys Phys Phys Phys Phys Phys		OR CONTRIBUTING C	Lad	110110 4	M. MONTH	DAY YEAR	ZIC TIO W INJURI	OCCURRED	ENTER NATURE OF IN	JUKY IN ITEM I	8 PART I OKPARI	2)
Sici ng Figure 1	S	(IF FITHER NOTIFY MEDIC	AL EXAMINER)		Μ.	19						
Di his	MEDICAL	21d. INJURY OCCURRI	ED	21e. PLACE		FFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR	IOWN	COUNTY	STATE
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Priory ony	X	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		ES, WERE FINDINGS USED
a se	Ĕ					TIFYING CAUSES OF DEATH? YES \( \bigcap  \text{NO } \Bigcap \)
	- E		21b. TIME OF INJURY	Tat. How billing occur		
SICIAN: 19 physical room on the land Hy		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	LUCIUS A MA MONITUS S	Y YEAR	IRRED (ENTER NATURE OF INJURY IN ITEM IS	3 PART I OR PART 2]
O C G G G	AL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
NG PHYSICIAN: offending physicians of the physician of the one of the physician of the phys	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	ZII LOCATION		
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Vie of house		AT WORK AT WORK				
O o o o E		22s. I certify that (I) (this hospita	) attended the deceosed from_	HU0 114 19 82	1. 10 Mar. 22	19 that (I) (we) last
A P P P P P P P P P P P P P P P P P P P		saw the deceased alive an_	Mar. 23 19	and that in (my) (our) opinia	n death accurred on the date and hi	our and fram the causes stated
F 9 F 9 C		above, (1) (we) (did) (did nat)	view the body after death.			
OR A DIRECTOR A THEM		22h SIGNATURE	10	DEGREE		22c. DATE SIGNED
		New-Mis	en vos	MA ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	Mar. 23, 1985
-0 11 0 0 4	1	22d, PHY ISTAN'S NAME (TYPE OR	PRINTI	22e ADDRESS /AQ	1-1-1	11.1-0.000
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of of of y ₹	23a	BURIAL, CREMATION, REMOVAL	23b DATE 23c 1	AME OF CEMETERY OR CREMATORY	1254 LOCATION	7
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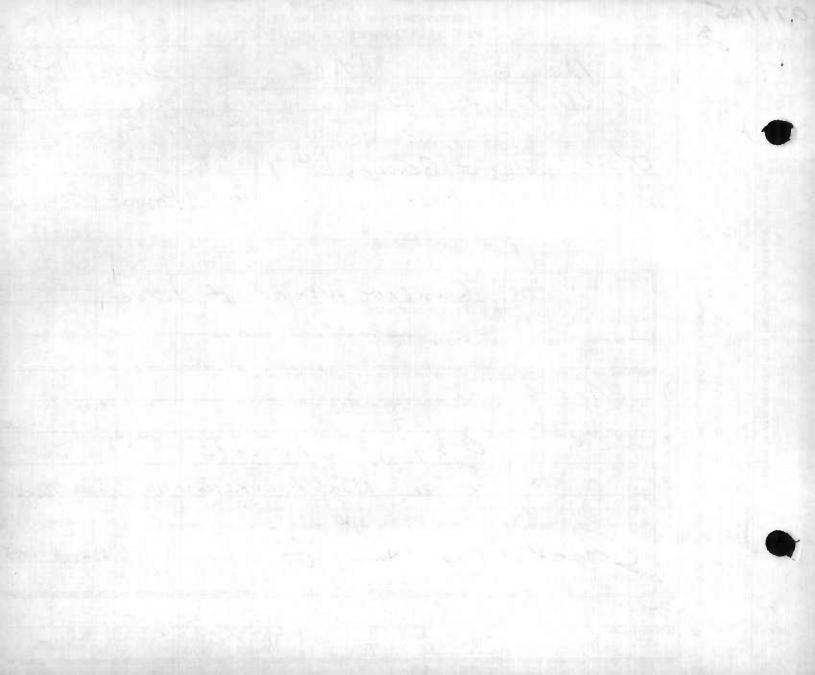
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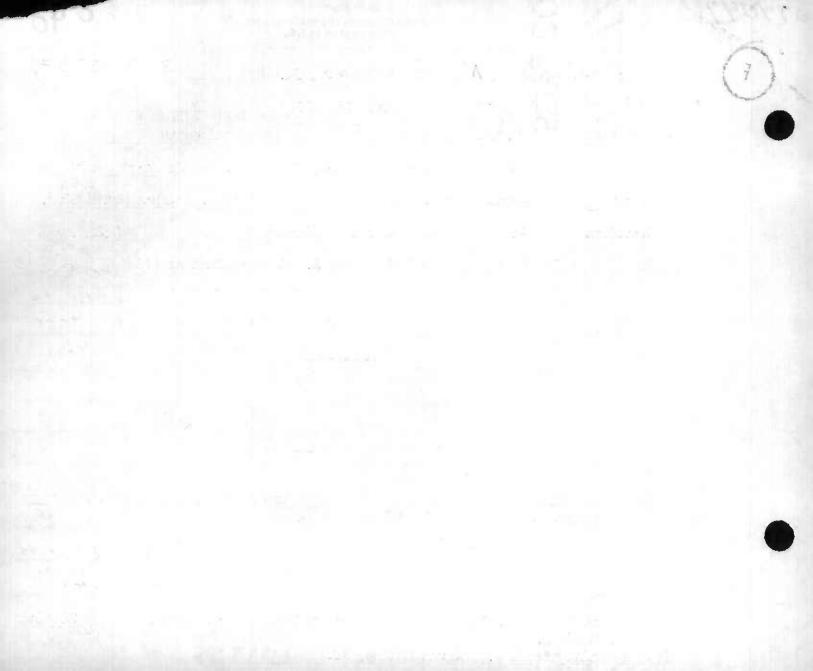
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-	の名の音楽	FC	REIGN COUNTRY)		MAI	RRIED NEVER MARRIED	11.	
	Simo>//	110. C	Georgia TY OR TOWN OF DEATH		States WIDO		USUAL OCCUPATION (IY	PE OF A CAN ME
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	WF-07	USU	AL RESIDENCE (IF INJURSING HOME	OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISSION)	, , , , ,	Student	Education 20853
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1	MAIT.		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	nly one couse per li	ne for (o), (b), ond (c).)	/	c 6	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Z	PERA PERA SENA /AL,			TE CAUSE (o)	aunshot	wound	06, NO	20
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	R: TH		226 I certify that I took char	ae of the remains d	escribed above held an Aut	opsy , Inspection	Inquiry . o	and in my opinion
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	PAGE A	23a.B	URIAL, CREMATION, REMOVAL	10,1985		OR CREMATORY 23d	LOCATION	COUNTY STATE
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24 FUNERAL DIFFRANCIS J. Collins

500 Univeristy Blud. W. Silver Spring.

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MORE. A ER DEATH PAGES 1. SORM PM S 1 AND IN OF VIT	16a \	Rubin WAS DECEASE SES, NO, OR UNKNO	D EVER IN U.S. AF	RMED FORCES?	Smith	RITY NO.	Sadie 17. INFORMANT		ADDR	ESS D.	Gor C. 20	elic	k
T., BALT DURS AFT 18 GIVE WITH PAGE		10 18 CAUSE C		nly one couse per lin	121-03-0 ne for (a), (b), and (c).)		Charles E			Kalora	ma Sc		TERVAL
DS. 201 W. PRESTON! DECUTED WITHIN 24 H VG" IN PENCIL IN ITEM TAL EXAMINER ALONE BURIAL - IBANSIT PEN AND MENTAL HYGIEN WITHON, OR REMOVAL		Canditio gave ri cause (a lying cau	IMMEDIA ns, if any, which se ta immediate stating the under use lost.	(b)	R AS A CONSEQUENCE OF A S A CONSEQUENCE OF A CONSEQ	CE OF	)		est	ensi	\$		
WITAL RECOR	CERTIFICATION	19a. DATE OF	OPERATION		DITION FOR WHICH OF							TOPSY?	NO X
MVSHON OF CENTRICATE BITING THE W DED TO THE E 3 SHOULD B E DEPARTMEN OF PRIOR TO B	MEDICAL CES	UNDERLYING CONTRIBUTION	NG CAUSE OF	DEATH P.	M. MONTH DAY YE	21f. LO	OW INJURY OCCURRI		RE OF INJURY IN ITEM		RT 2)		STATE
MEDICAL EXAMINER: THE COLUE THE CERTIFICATE WHE AS SHOULD BE FORWAR FUNERAL DIRECTOR: PAGE THE STATISTICS THE S	C C		fy that I taak charred fram: Natu	ge af the remains divided courses	escribed above, held an Accident ,	Suicide	TITLE (SPECIFY)	Undetermi	ned monner	DATE SIGNED	3-	13-8	5
2242 <del>43</del> +	Bi	urial, crema pecify) rial	TION, REMOVAL	23h DATE 3/15/85	23c. NAME OF C	CEMETERY O	TO DITECT	23d LOCAT		COLL	NTY	STATE	
DHMH · 17 (VR A15 ME (5)) 20M 4/82		NERAL DIRECT NAME	DANZA	VSKY-GOLD	BERG MEMOR	IAL CH		TC BBYS	S RAB ZAR	Division	C Cons	126	

and the second of the second o

3	1 - STATE REGISTRAR		DE	PARTMENT OF HE	OF MARYLAN ALTH AND MI	ENTAL HYGI	ENE S	REG. NO.	9	Q ·	4 2
	1 DECEASED NAME	-	WIDDLE	LA	51		2a. DATE OF D	EATH MONTH	DAY		HOUR
		Dennie	_	_ SI	rith			03	30	851	:10 A
1-	Fem A	1	CAUCASIAN	5 DATE O	BIRTH DAY	YEAR 93	6 AGE (IN YEAR	RS LAST BIRTHDAY)	MONTHS		UNDER 24 HRS
Q1	70 BIRTHPLACE (S	TATE OR FOREIGN 76	CITIZEN OF WHAT COU	MARRIED	□ NEVER MA	ARRIED -		CITY OR COUN	ITY OF DE		
96	HEVY CHA	OF DEATH 11	NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GIV WHES DO REY)	E STREET ADDRESS)	ROTHER INSTIT	UTION	120 USUAL OC	MONTG CUPATION EMAKER	12h	KIND OF BUSTRHON	USINESS OF
30	USUAL RESIDENCE	(IF NURSING HOME OR OTI			13d INSIDE CIT	Y LIMITS?		DRESS ZIP CO	S MI	LL RI	).
K	14 FATHER'S NAME FIRST PINC	MID	PIAN	KO	15. MOTHER'S A	NAIDEN NAA ARAH	*1	MIDDLE		ITÔV	
/ medical	160 WAS DECEASED (YES, NO OR UNKNO	EVER IN U.S. ARME	AR OR DATES)	28-6104	MRS.		8 SMITH	917 SCH			DR.
emosot.	18 CAUSE OF PART I. DE	ATH WAS CAUSED E	AUSE (a) COLV	correct		ile	R			APPROXIMATE BETWEEN ONSE	E INTERVAL ET AND DEATH
ol, cremation, or ri cother traumatic	gave rise cause (a),	if any, which to immediate stating the cause last	DUE TO, OR AS A CON  (b) DUE TO, OR AS A CON  (c)	onay a	to de	dhe				5 jen	u
injury, or	8 He	pr Hyr	nditions <u>contributi</u> n	NG TO DEATH BUT I	NOT RELATED T	O THE TERMI	nal disease (	DR CONDITION (	GIVEN IN	PART Ira	
2	190 DATE OF	DERATION /	196 CONDITION FOR	WHICH OPERATION	I WAS PERFOR	MED	YES   N			E FINDINGS CAUSES OF	
119	OR CONTRIBUTION	MAS UNDERLYING OF DEATH  IFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONT P.M.	TH DAY YEAR	21c HOW INJU	JRY OCCURR	ED (ENTERNATUR	RE OF INJURY IN ITEM	IS PART I OR	PART 2)	
ed or	21d INJURY C	CCURRED NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM ETC	211 LOCATION	1		CITY OR TOWN	co	YIMU	STATE

FUNERAL DIFFEC

DHMH - 16 60M 7/B4 (VRA 15, 4)

tould be deliced the State De

MORTON KAVALIER 230 BURIAL, CREMATION, REMOVAL 236 DATE

BURIAL

27a | certify that (1) (this hospital) attended the deceased from saw the deceased alive an 3-13

saw the deceased alive an above, (I) (we) (that (did not) view the body after death

230 NAME OF CEMETERY OR CREMATORY WESTLAWN CEM.

DEGREE

22e ADDRESS

ATTENDING

1145

19th st. N.W. WASH D.C.

05

, that (I) (we) last

234 LOCATION CO. NORWOOD PK".

and that in (my) (our) apinion death accurred an the date and hour and from the causes stated

MEDICAL STAFF

-30

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

24 FUNERAL DIREDAN ZANSKY -GOLDBERG MEM CHP.

4-2-85

1170 ROCKVILLE PK. ROCKVILLE MD requires that the death certificate be executed within 24

FOR - STATE

## STATE OF MARYLAND DEPARTM

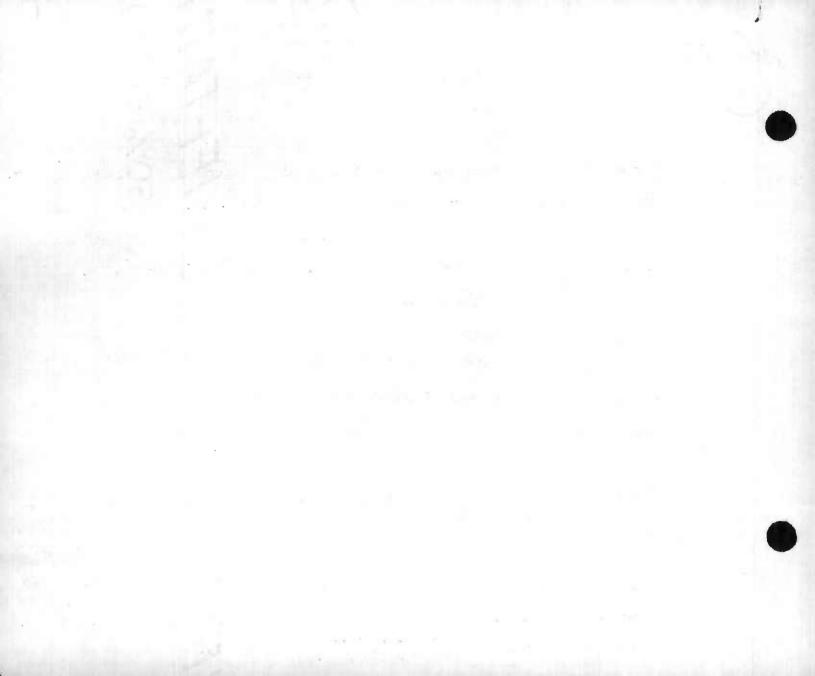
ENT OF HEALTH AND MENTAL HYGIENE	O	-3	U	
CERTIFICATE OF DEATH	,	250 10		

	REGISTRAR			CERTIF	ICAIL OI D	LAIN	REG. N	10.			
	DECEASED NAME FIRST	MIDD	DLE	l	AST		20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR	
(1	YPE OR PRINT)	/ F	RANCE.	3	SN	1007	mai	rch 30	1985	11:15	LPM
3. 5	SEX	4. RACE		S. DATE C			6. AGE   IN YEARS LAST B		FUNDER 1 YEAR	IF UNDER 2	4 HRS
	Female	White	2	July		1894	90	YRS.	DAYS DAYS	HOURS	MIN.
7a.	BIRTHPLACE   STATE OF FOREIGN	76. CITIZEN OF WH	AT COUNTRY?	8.	D NEVER A		9. BALTIMORE CITY	OR COUNTY C	OF DEATH		
	Virginia	USA		MARRIE WIDOWE		VORCED	Mon	tgomery	,		MD.
10	CITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING		OR OTHER INST	ITUTION	12a USUAL OCCUPAT	ION	126 KIND O	E BUSINES	SOR
	Takoma Park		gton Adv		st Hos	oital	Retired	Dr WORKING (IFE)	Income		
	STATE 136 COUNTY		E RESIDENCE BEFORE A		1 13d. INSIDE C	ITV I IAAITS?	13e STREET ADDRESS	/ 7IP CODE		00	0
			lver Spi		YES 🛣		10110 N.H.	Avenue	. 1	070	03
14.	FATHER'S NAME FIRST	WIDDLE	LAST		IS. MOTHER'S	MAIDEN NA	ME		1.AS	1	
	Calvin		Chenau]	t	Rel	oecca			Coch		
160	WAS DECEASED EVER IN U.S. AR		SOCIAL SECUR	ITY NO.	17 INFORMA	NT	ADDR				
	(YES, NO OR UNKNOWN)   IF YES, GIV	N/A 5	79-22-01	113	Jerry '	r. Smoo	t-son- Rt	l Box trasbur		2265	<u> </u>
	18 CAUSE OF DEATH (Enter or	ly one couse per line	e for (a), (b), and	Ic · ·						MATE INTERV	AL EATH
	PART I. DEATH WAS CAUSE	E CAUSE (b)	RNeumo	5117	15						
	With Early				41						
	Conditions if any which	DUE TO, OR A	SACONSEQUEN	TUE	HERM	er 14.	Luke				
	Conditions, if ony, which gove rise to immediate	(0)								-	
	couse (0), stating the underlying couse lost	DUE TO, OR A	S A CONSEQUEN	ICE OF		Coon.	syscular	Rise	C.C.S		
Z	PART 2. OTHER SIGNIFICANT	-		ATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR COM	ADITION GIVE	N IN PART 110	ş*	
CEPTIFICATION	190 DATE OF OPERATION	- enerAL	ON FOR WHICH C				20a AUTOPSY?	20h IF YES	WERE FINDIN	IGS LISED	
SIC	THE DATE OF OFERATION	TW. CONDING	,,,,ok willen c	LKAIIO	A WASTERIO	NACO.		IN CERTIFY	ING CAUSES	OF DEATH	1?
Ta		2 21 7145 05 15	LUIDY		Tar How In	HIRV OCCUP	YES NO	YES		№ □	
	00 00 00 00 00 00 00 00 00		MONTH DAY	YEAR	ZIC HOW IN	JURY OCCUR	RED (ENTER NATURE OF IN	URY IN ITEM 18 PAR	Rf I OR PART 2)		
A	(IF EITHER, NOTIFY MEDICAL EXAMINE			19							
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF	INJURY FACTORY, OFFICE, FAR	M. FIC.1	21f LOCATION STREET	NC	CITY OR T	OWN	COUNTY	STA	ATE
2	WHILE NOT WHILE AT WORK		or the contract of the contrac	7.			- 6 .				
	22e.1 certify that (I) (this hospi	tall attended the d			uch 21	, 19_ 0	5 to Much	30	0 92	that (I) (wi	e) last
	sow the deceased alive on above, (I) (we) (did) (did no	March Triew the body aft		5.0	nd that in (my)	(our) opinion (	death occurred on the	date and hour	and from the	couses state	ed
	77% SIGNATURE	2. =			DEGREE				22E. DATE		_
	Damard a	Telog en	eld	h		PHYSICIAN [	MEDICAL STA		3-3	31-8	5
	220 PHYSICIAN'S NAME (TYPE O	OR PRINT)			22e ADDRES		-		-		
	BERNARD A.	FITZGE	2210		2174	MIVERS	ing Blunt	Silv	en Spe	INE,1	ma
72	BURIAL, CREMATION, REMOVAL			ME OF C	EMETERY OR		1236 LOCATION	1		2090	
2.31	ISPE Burial		1985 Ga				Silver Spi	cinc M	COUNTY	STA	ME -
24							driver ob	Jan Stores	ontgom	= ry	Md.
H	funeral director ines#Rinaldi Fun	eral Home	11800 N			25°AP	REC'D. BY REGISTRAL 1985	736 REGISTR	ar's signati	indals.	
			Silver	Spri	ng. Md.		- 1300	-	1 400		

Silver Spring, Md.

DHMH - 16 50M 4/B3 (VRA 15, 4)

MPORTANT: If them 21 is marked

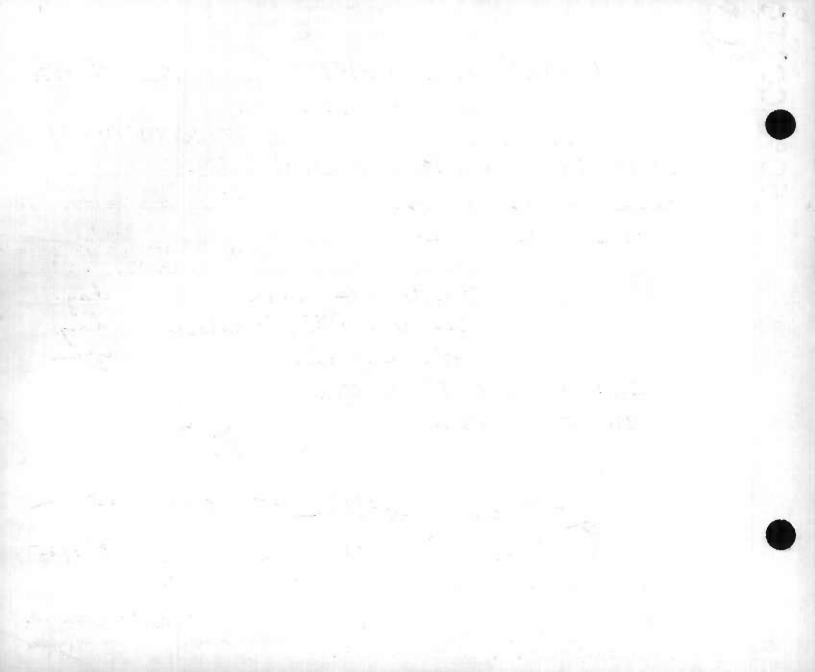


T. DECEASED NAME	381	FOR  STATE REGISTRAR			DEPARTMI DICAL EX							REG. N	7	0 7	
RODMAN  B. SEX  A. RACE  B. S. DATE OF BIRTH  B. S. SAME  B. SEX  A. RACE  B. S. DATE OF BIRTH  B. S. SAME  B. S. SAME  B. S. DATE OF BIRTH  B. S. SAME  B. S.		DECEASED NAM	AE FIRST						OAIL	01 00				DAY YE	EAR 12h
SEX   S. DATE OF BIRTH   TABLE   S. DATE OF BIRTH   TABLE   S. DATE OF BIRTH   TABLE		TYPE OR PRINT)	Rodma	n	W		Snor	vde1	n		OF	ESTI-		12-10	85
Male Black Nov 13,192 6 4 yrs.    To Britherace (state or Poetan Country)	3. 5	SEX			6	AGE (IN YEARS	IF UNDE			ER 24 HRS.	2c. DATE		MONTH	DAY Y	EAR 2
To. BIRTHPIACE (STATOR PROBEDICAL COLUMN)   TO. COLUMN		Male	Black	Nov 13,			MONTHS	DAYS	HOURS	MIN.	PRONOUN	ICED	3-12	2 19	
Dist. Columbia U.S.A.   WIDOWED   DIVORCED   Montgomery	70	BIRTHPLACE (	STATE OR				MAPPIED	ZTZ NE	VED MAD	PIED [	9 BALTIM	ORE CITY	OR COUNT		H
10. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   120. USUAL OCCUPATION (TYPE OF WORLD IN NO. 120. HOUSTRY STANDARS)   120. STANDARD   120. STANDARD   120. STANDARD   120. MILE   120.	/			ia U.S.	Α.					_	M	ontgo	omery	y	
Sandy Spring   19215 Chandlee Mill Rd,   Engineer   Montg Co	10.	CITY OR TOWN	OF DEATH				OR OTHER	INSTITU	ITION	12a. US	UAL OCCU	PATION (TYP		12b. KIND O	
13a. STATE   13a. COUNTY   13c. CUITY OR TOWN   13d. MISDE (IIT LIMITS)   13e. STREET ADDRESS   19215 Chandlee Mill F   14. FATHER'S NAME   14. FATHER'S NAME   15. MOTHER'S MAIDEN NAME   15. MOTHER'S MAIDEN NAME   15. MOTHER'S MAIDEN NAME   15. MOTHER'S MAIDEN NAME   16e. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR LINKNOWN)   16f VES, GOVE WAR OR DATES)   16b. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   Same   As   17. INFORMANT   ADDRESS   APPROXIMATE IN BETWEEN ONSET AND   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   Acute   Leukemia.   10. Mose   17. INFORMANT   ADDRESS   APPROXIMATE IN BETWEEN ONSET AND   17. INFORMANT   ADDRESS   APPROXIMATE IN BETWEEN ONSET AND   17. INFORMANT   ADDRESS   APPROXIMATE IN BETWEEN ONSET AND   17. INFORMANT   ADDRESS   17. INFORMANT   ADDRESS   APPROXIMATE IN BETWEEN ONSET AND   17. INFORMANT   ADDRESS   17. INFORMANT   APPROXIMATE IN BETWEEN ONSET AND   17. INFORMANT   APPROXIMATE IN BETWEEN ONSET AND   17. INFORMANT   18. INFORMANT   18. INFORMANT   18. INFORMANT   18. INFORMANT   18. INFORMANT   18. INFORMANT   19. INFORMANT   19. INFORMANT   19. INFORMANT   18. INFORMANT   19. INFORMANT   1	1	Sandy S	Spring				Mil:	l Ro	d,	1			1		
Md Montgomery Sandy Spring yes No 2 19215 Chandlee Mill F  14. FATHER'S NAME NICHOLAS B. Snowden Eleanor Hopkins  Nicholas B. Snowden Eleanor Hopkins  158. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)  169. SOCIAL SECURITY NO. 214-18-9059 Mrs Carolyn N. Snowden  181. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute leukemia.  10 mos								INSIDE	TITY LIMITS?	130 ST	REET ADDRE	SS		2	081
Nicholas B. Snowden Eleanor Hopkins    160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) INFORMANT   ADDRESS   160. SOCIAL SECURITY NO.   177. INFORMANT   ADDRESS   ADDR	2	_									9215	Char	ndle	e Mil	1 R
Nicholas B. Snowden Eleanor Hopkins    168, WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)   (# YES, GIVE WAR OR DATES)   166, SOCIAL SECURITY NO. 214-18-9059   Mrs Carolyn N. Snowden   32    18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   APPROXIMATE IN BETWEEN ONSET ALL	// 14	FATHER'S NAM	E	WIDDLE	LAS	1	15	MOTH	ER'S MAI	DEN NAM	E	IDDLE		LAST	
YES, NO, OR UNKNOWN   (IF YES, GIVE WAR OR DATES)   214-18-9059   Mrs Carolyn N. Snowden   Same As   3   3   3   3   3   3   3   3   3	U			В.	Snow	den		]	Elea	nor				Hopk	ins
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Acute leukemia.  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gave rise to immediate cause lost.  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).  None  199. DATE OF OPERATION  199. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS  UNDERLYING OR  CONTRIBUTING OR  CONTRIBUTING CAUSE OF DEATH  P.M.  19  None  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH  P.M.  190. DATE OF OPERATION  STREET, FACTORY, FARM, ETC.)  STREET, FACTORY, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY	160	(YES, NO, OR UNKN	D EVER IN U.S. ARA										C.	ame A	S
PART I DEATH WAS CAUSE BY:  IMMEDIATE CAUSE (a) Acute leukemia.  Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last.  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR (DNDITION GIVEN IN PART 1 (a)).  None  19a. DATE OF OPERATION  None  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  YES  VOICE  19a. EXTERNAL CAUSE WAS  UNDERLYING OR  ON RIBUTING OR  CONTRIBUTING OR  21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. STREET CITY OR TOWN  STREET, FACTORY, FARM, ETC.)  STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN  COUNTY		No			214-	-18-9	159 1	Mrs	Car	oLyr	N.	Snow	den		_13
IMMEDIATE CAUSE (a) Acute leukemia.  Canditions, if any, which gave rise to immediate cause (a) stating the under-lying cause last.  (b) DUE TO, OR AS A CONSEQUENCE OF  (c) DUE TO, OR AS A CONSEQUENCE OF  (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).  None  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21a. EXTERNAL CAUSE WAS  UNDERLYING OR  CONTRIBUTING OR  CONTRIBUTING OR  CONTRIBUTING OR  CONTRIBUTING OR  P.M.  19 P.M.  19 P.M.  19 P.M.  19 P.M.  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  NONE  21d. INJURYOCCURRED  WHILE NOT WHILE OR OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.)  STREET, FACTORY, FARM, ETC.)  STREET, FACTORY, FARM, ETC.)		18. CAUSE	EATH WAS CALIFED	NOV.							WO IN	ULN	100	APPROX BETWEEN	MATE INT
Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).  NONE  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR AM. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M.  19 NONE  210. INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH P.M.  19 NONE  211. INJURY OCCURRED WHILE NOT WHILE ON OT WHILE OR OTHER PART 1 OR PART 2)  NONE  212. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M.  19 NONE  214. INJURY OCCURRED STREET, FACTORY, FARM, ETC.)  STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN COUNTY		FARITO	IMMEDIA1	E CAUSE (a) AC										10	mos.
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  None  190. Date of operation 19b. Condition for which operation was performed? 21b. Time of injury HOUR A.M. Month day Year UNDERLYING OR CONTRIBUTING OR 21d. INJURY OCCURRED 31e. PLACE OF INJURY HOUR A.M., MONTH DAY YEAR 31e. PLACE OF INJURY (AT HOME. 31feet City or town County	i i			DUE TO, OR	AS A CONSE	QUENCE OF									
Solution   Part 2 other significant conditions   Contributing to death but not related to the terminal disease or condition given in part 1 (a).    Part 2 other significant conditions   Contributing to death but not related to the terminal disease or condition given in part 1 (a).    None				(b)			7/4						1310		
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  NONE  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21a. EXTERNAL CAUSE WAS  UNDERLYING OR  CONTRIBUTING CAUSE OF DEATH  P.M. 19  NONE  21d. INJURY OCCURRED  21d. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN  COUNTY				DUE TO, OR	AS A CONSE	QUENCE OF									
None    196. Date of Operation   196. Condition for which operation was performed?   20. autopsy?				(c)											
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 NONE  21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 211. LOCATION			IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	BUT NOT RELATED	TO THE TERMINA	L DISEASE DR	CONDITIO	N GIVEN IN	PART 1 (a).					
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 NONE  21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 211. LOCATION		5													
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 None  21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 21l. LOCATION	0	S 190. DATE O	FOPERATION	19b. CONDIT	ION FOR WH	HICH OPERAT	ION WAS	PERFOR	RMED?					29 AUTO	PSY?
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 NONE  21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 21I. LOCATION	X I	Nor		(a)	10.111.100										
CONTRIBUTING CAUSE OF DEATH P.M. 19 NOTE  21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 211. LOCATION						AY YEAR			OCCUR	RED LENTER	NATURE OF IN	IURY IN ITEM 18	PART 1 OR PA	ART 2)	
21d. INJURY OCCURRED  21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  21d. INJURY OCCURRED  21d. INJURY OCCURRED  STREET, FACTORY, FARM, ETC.)  21d. INJURY OCCURRED  STREET, FACTORY, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY	1	CONTRIBUT	ING CAUSE OF E												
AT WORK AT WORK	1	21d. INJURY		STREET FACTO							CITY OR TO	WN	co	UNTY	
	1	AT WORK	AT WORK											3	
220. I certify that I taak charge of the remains described above, held an Autapsy I, Inspection I, Inquiry X, and in my opinion	AND,	1 1 1 1		LA1	Accident [	Sene		Hamis					, -,		
22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry X, and in my opinion death resulted fram: Natural sources Accident Accident Hamicide , Undetermined manner ,			7				-			01100	711	,			
death resulted fram: Natural courses XX, Accident Hamicide Undetermined manner		ACTUAL	1	ef	//	1	- MD	-		ME	CAL EYAL	UNER	DATE	En 3/1	3/8
death resulted fram: Natural causes X. Accident . Hamicide . Undetermined manner .	7	- Walter Action with	/	7		-//							SIGNE		
death resulted fram: Natural causes XX, Accident Accident Hamicide Undetermined manner,	X	TYPE OF PR	Joh	n S. Roge:	rs. M.	D.	AD						comer	v. Md.	
death resulted fram: Natural causes XX, Accident Hamicide Undetermined manner,	23	BURIAL, CREM	TION, REMOVAL 2											MTV	
death resulted fram: Natural courses X Accident . Hamicide . Undetermined manner .								1 0	'om	S	andy	Spri	ng,	Monto	J. I
death resulted fram: Natural course M. Accident Deputy Medical Examiner Signed 3/13/8/  TITLE (SPECIFY)  Deputy Medical Examiner Signed 3/13/8/  1919 Seminary Road  [TYPE OFFRINT] John S. Rogers, M.D. Address Silver Spring, Montgomery, Md.  236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY STATE STATE ASP. Momorial Com.  STATE SIGNED 3/13/8/  1919 Seminary Road  236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY STATE	(5))		CTOR	246				t.	25a. DAT	E REC'D. B	Y REGISTRA	R 256. REG	ISTRAR'S	IGNATURE	
death resulted fram: Natural courses N. Accident Homicide Undetermined manner  TITLE (SPECIFY)  Deputy MEDICAL EXAMINER SIGNED 3/13/8/ 1919 Seminary Road  [TYPE ON PRINT] John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery, Md.  230. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY STATE (SPECIFY)  Burial 3-16-85 Ash Memorial Cem. Sandy Spring, Montg.  24 FUNERAL DIRECTOR 246 N. Waghingston St. 1250. DATE REC'D. BY REGISTRAR'S SIGNATURE			R. Snowd		ckvill				MAK.	151	800 g	way we	40000-	Mondal	

.c.te leukesia. CLA

James James

078080	1	FOR STATE REGISTRAR		DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENT CERTIFICATE OF DEAT		REG. NO.	9 0 4	Ó
The season		CEASED NAME FOR PRINT)	A RACE	Rosalyn		6 AGE (IN)	EARS LAST BIRTHDAY	12-85 a	HOUR M UNDER 24 HRS DURS MIN.
		nale	Caucas	ian	July 25, 1917	67	YRS.		
	7	RTHPLACE (STATE OR FOI COUNTRY) Shinatan D	.c. U.S.	WHAT COUNTRY?	MARRIED NEVER MARRI	ED - M-	RECITY OR COUNT	ery G	ty. MD.
5 1 10	10.5	ettes (	H III. NAME OF	HOSPITAL, NURSIN	ADDRESS)		OCCUPATION K FOR MOST OF WORKING L ATI LO	IZE KIND OF BUINDUSTRY	IS NESS OR
Separate Sep	J136	(100 May 100 M	36 COUNTY	13c. CITY OR TOW		MIT5? 13e STREET	ADDRESS / ZIP COD	_	903
MAYLAN MAYLAN CO. 18 CO		TURAND NAME	Montgomery	Silver S	15. MOTHER'S MAI	DEN NAME	New Hamps	LAST	<u>ue #11</u> 00
1 11/10	4	Caskie	M.	Smith		abeth	ADDRESS	Bayliss	
MORE STATE OF STATE O		WAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED FORCES? (# YES, GIVE WAR OR DATES)	577-24-7		Daughter ernard	Rockvil	New Mark le. Md. 2	Esplarad 0854
figure intention of the state o	Г		(Enter only one cause pe	er line far (a), (b), ar	mal Gary	rese		APPROXIMATI BETWEEN ONSE	INTERVAL I AND DEATH
TON 51 corbos n, or re- mats, e-				OR ASIA CONSEQU	ENCE OF A 40	Dan	1	0	
the oth semove amore and traus		Canditions, if any, gave rise to imme cause (a), stating	the DUE TO C	OR AS A CONSEQU	ENCE OF ()	7	ne su	Car	p
or or or		underlying cause	last.	Mu	mension			ga	<u> </u>
RDS, 2 squires Then pr r to bur	NOI	PART 2 OTHER SIGNI	FICANT CONDITIONS (	CONTRIBUTING TO	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEAS	E OR CONDITION GI	VEN IN PART I a	
L RECO	TIFICATION	3 II &	ON 196 CONE	AL WHICH	RATION WAS PERFORMED	20e AUTO	IN CERT	S, WERE FINDINGS IFYING CAUSES OF ES  \( \)	
PANTA	I CERT	210. ACCIDENT WAS UNDER	110110 1	OF INJURY A.M. MONTH D	AY YEAR 216 HOW INJURY	OCCURRED (ENTERNA			
SION O	MEDICAL	(IF EITHER, NOTIFY MEDICA 21d INJURY OCCURRE	D 21e. PLACE	P.M. E OF INJURY STREET, FACTORY, OFFICE	19 211 LOCATION FARM ETC 1 STREET		CITY OR TOWN	COUNTY	STATE
DIVE the the the sales	1	AT WORK					2112	0.1	
TEND THE STATE OF THE STATE OF	1	CONTRACTOR OF THE PARTY OF THE	I alive on	A CONTRACTOR OF THE PROPERTY O	SI and that in imy Tour?	to	ed an the date and ha		(I) (we last ses stated
A Marie Andrews Andrew		778 SIGNATURE	did not view the boll	y after death.	DEGREE	and the second		274. DAYE SIG	NED
A PAL D	1	224 PHYSICIAN'S NA	11 Per	nes	ATTEN PHYSI	DING MEDICAL	STAFF	3/12/	M
HOSP Could by PORTA		1	. Newman, M	1. S.		ld Georget	own Rd. Ro	ckville,	Md.
55 523 3	23a.	BURIAL, CREMATION, RI			NAME OF CEMETERY OR CREM	ATORY 23d LOCA		COUNTY	STATE.
BP	Bu	rial	March	15,1985	Bate of Heaven	Silv	er Spring	Montgomer	y Md.
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR FT				25a MAR 1 8	REGISTRAR 256 REGIS	TRAR'S SIGNATURE	indelle !
(400, 10, 1)	30	0 Universit	y beva., w.	suver s	sprung, ma.		10		



- STATE

093067

REGISTRAR

DECEASED NAME

Simpson ADDRESS Maryland 20854 George M. Solomon; 1902 Sunrise Drive; Rockville APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY , and that in my) (aur) apinion death accurred an the date and haur and fram the causes stated 22c DATE SIGNED SVA Florida 24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS 250. DATE REC'D. DHMH - 16 60M 7/84 1170 Rockville Pike; Rockville, Md. 20852 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

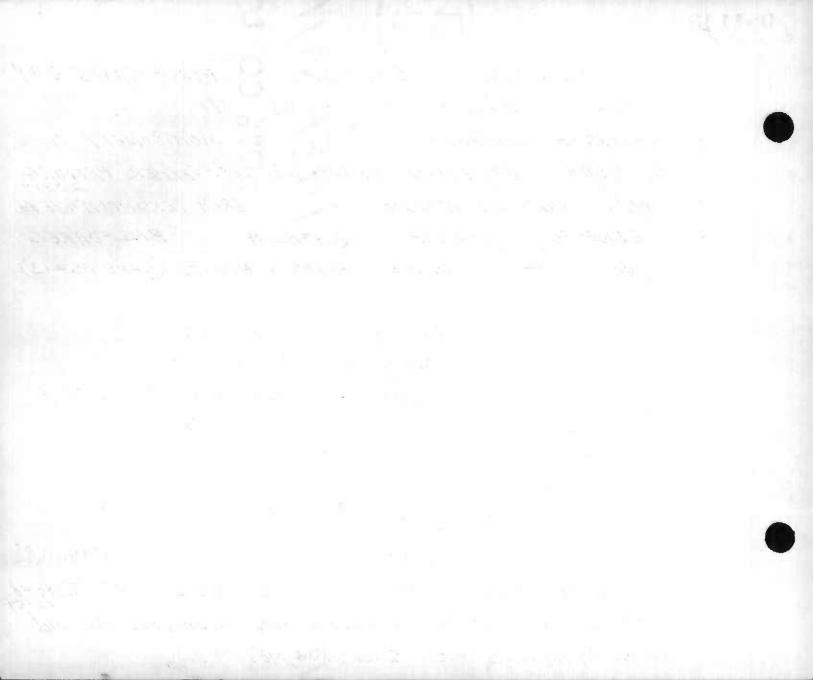
20. DATE OF DEATH MONTH

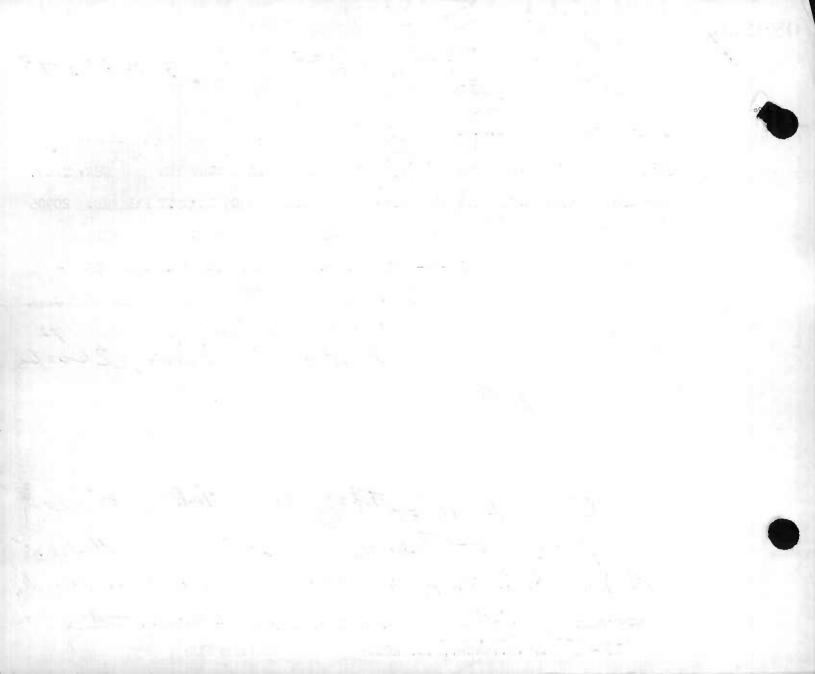
2h HOUR

Knitting Store

3:50a m.

081143	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEA	F MARYLAND LITH AND MENTAL HYO ATE OF DEATH	GIENE S	0 9	0 4 8	
( P )		CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR ?b. HOUR	
7 75	1 TABI	ORPRINT) FRAN	CISCO	SOM	OZA	MAR	CH 15	1985 5:00	OFM
moy moy	3. SE	x	I. RACE	5. DATE OF I	BIRTH	6. AGE (IN YEARS LAST BE	THDAY] IF I	JNDER I YEAR IF UNDER 241	HRS MINL
ge 4	1	MALE	WHITE	OCT	. 14, 1913	71	YRS.		
Poor Should	7a B	RTHPLACE (STATE OR FOREIGN	& CITIZEN OF WHAT COUN	ITRY? 8.	NEVER MARRIED	9 BALTIMORE CITY			
Seoth Zeoth	1	ICARAGUA	NICARAGUA	WIDOWED [		MON	TOOME		MD.
by the fur died within	10 C	ETHESDA	(IF NOT IN SUCH FACILITY, GIVE		TREE Rd.	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	ON OF WORKING LIFE)	126. KIND OF BUSINESS INDUSTRY FARMING	OR
b 212		AL RESIDENCE (IF NURSING HOME OR CETATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	M INSIDE CITY LIMITS?	13e STREET ADDRESS	5	2081	7
ould build			COMERY BETH	1 - A	YES NO	6809 1	ERSIM	MONTREE.	Rd.
RYLL within	14. F	ATHER'S NAME	NODLE _ LAS	15 T	MOTHER'S MAIDEN NA	ME MIDDLE		, LAST	
we be do to the down on the do		ERNESTO	SOMOZ	A	NATALI	A	BALL	ADARES	5
MORE, nond co Poges		WAS DECEASED EVER IN U.S. ARA YES, NO ORUNKNOWN) (IF YES, GIVE	WAR OR DATES)	, , _	7 INFORMANT	ADDR			-
TIM be e		No -	- No	ONE C	CARLOS G	MUNIZ	(SAM		3)
BAL cote cote oper oper ovol. nt, th		18 CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED	y one cause per line for (a), (					APPROXIMATE INTERVAL BETWEEN ONSET AND DE	ATH
ng ph bon p		IMMEDIATI		16671	177				
TON oth con			DUE TO, OR AS A CONS	SEQUENCE OF	JUONEP.	40:Tic			
mover from		Conditions, if ony, which gove rise to immediate	(b)		0 001111	110011			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN The low requires that the death certificate be executed within 24 hours ratherding physician ond completely filled in by os the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be fill than and Mental Hygiene prior to burial, cremotion, or removal.  orked at this 25 any injury, or other traumotic event, the medical exempted in a sony injury, or other traumotic event, the medical exempted in the state of the		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	SEQUENCE OF	an 1 H	1 PERICI	San		
201 ned ned vriol		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING			AIN AL DISEASE OR CON	IDITION GIVEN	IN PART 110	=
RDS.	NO O		COR	ONAR	y AR	TERM	270	IEA16	
ECO ow r	CERTIFICATION	190 DATE OF OPERATION	19h CONDITION FOR W	HICH OPERATION	WAS PERFORMED	200 AUTOPSY?		VERE FINDINGS USED	,
TALR The I cron. te has sit pe	E E	-				YES NO	YES [	NO [	
Physic ph		Pla. ACCIDENT WAS UNDERLYING OR CONTRIBUTION CAUSE OF DEA	216. TIME OF INJURY	+ DAY YEAR	PIE HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	RY IN ITEM 18 PART	I OR PART 2)	
SICI Cerry Vento	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					
PHY tend the bind he bind w	MED	VHILE NOT WHILE	(AT HOME STREET FACTORY O		II LOCATION	CITY OR IC	)WN	COUNTY STAT	11
DING DING DING After Cost to Cost to C		AT WORK	-1) -11		12 10 85	12 21	9 10	that (I) (we)	1 14
TEND OR OS USS		27a   certify that (I) (this hospit saw the deceased alive on above, (I) (we) (did) (did not		17 5	that in (my) (our) apinion	. 10		( (	,
RECT RECT ppt opt o		obove, (1) (we) (did) (did not 22b. SIGNATURE	view the body after death.	O DE	GREE			22c DATE SIGNED	
the District of the District o		KNOS	sul 1	M)	ATTENDING PHYSICIAN 2	MEDICAL STA	FF CIAN []	15 March	28
HOSPITAL Inded by the FUNERAL Uld be det of the Store		224. PHYSICIAN'S NAME (TYPE OF	PRINT)	12	??e ADDRESS			7	
0 - 0 - 0		DR. KOLDUN	NOSSULI	M.D.	11606	BUNNEL	COUN	ET POTOMAG.	Md
0 f f f f f	23a	BURIAL, CREMATION, REMOVAL	236 DATE	23c NAME OF CEM	METERY OR CREMATORY	23d LOCATION		20	833
BP		CREMATION	3-16-1985	ChAMI	BERS CREI	4 RIVERU	TALE	P.G.C. Md	
DHMH - 16 50M 4/83		UNERAL DIRECTOR	ADD	RESS	250 DA	TE REC'D. BY REGISTRAN		A STATE OF THE STA	
(VRA 15, 4)	K	1. W. CHAMB	EKS CO. IN	IC. SILVER	CSPRING, ME	WL 7 0 1882	J'LONG .	est of the state o	





## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

ч	REGISTRAR		CERTIFICATE OF DI	REC	6. NO.		
1	1 DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATI	H MONTH DAY Y	EAR 26 HOUR	
1	(TYPE OR PRINT) CLARENCE	В.	SPARKS	MAR	21 1985	1985 65 PM	
1	1. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAS			
1	m	CAUC	C 2 - 13 - 00		YRS.	ONTHS DAYS HOURS MIN.	
1	TE BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER M.	9 BALTIMORE CITY C		R COUNTY OF DEATH	
PENN.		USA		ORCED Montgo	mery		
1	18 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE S	RSING HOME OR OTHER INSTI			IND OF BUSINESS OR	
1	WHEATON MD	MANOR C	ARE WHEAT	on Ret. I	DST OF WORKING LIFE) INDU	D.C.Trans	
7	USUAL RESIDENCE LIF NURSING FORE OF	ROTHER INSTITUTION GIVE RESIDENCE B	113d INSIDE CIT	TY LIMITS? 130.STREET ADDRE	ss/zipcode Woodreeve	Rd. 2078	
1	14 FATHER'S NAME	MIDDLE LAST		MAIDEN NAME		- 1457	
A	Lersy	Sparks	3	Luzetta MIDDI	v .	Beal	
1	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIALS	10-7417-A G	ertrude Smay		amestown ville, Md.	
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE  (b) Me 1  DUE TO, OR AS A CONSE  (c) Carc	testetic Carc	chema		months everal mouth	
1		CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PA	ARI IIO	
7	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196, CONDITION FOR WH	HICH OPERATION WAS PERFOR	MED 200 AUTOPSY?	206 IF YES, WERE F IN CERTIFYING CA		
	CA COLUMN COLUMN COLUMN COLUMN	HOUR A.M. MONTH	DAY YEAR	URY OCCURRED (ENTER NATURE OF	INJURY IN ITEM 18 PART 1 OR PA	ART ?)	
	ORCONTRIBUTING CAUSE OF DE CIFE EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFF	4.4	TION  CITY OR TOWN		COUNTY STATE	
	22a Leertify that (I) (this hospital) attended the deceased from						
	22b. SIGNATURE DEGREE					22c. DATE SIGNED	
	Kobens	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN					
	224 PHYSICIAN'S NAME (TYPE	B. IREY	22e. ADDRESS	New Hampshin	e Ave Si	Lug Spring 1	
	23a. BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CI				

DHMH - 16 50M 4/83 (VRA 15, 4)

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should be detached for use as MPORTANT: If hem 21 is

morked or Item 18 sh

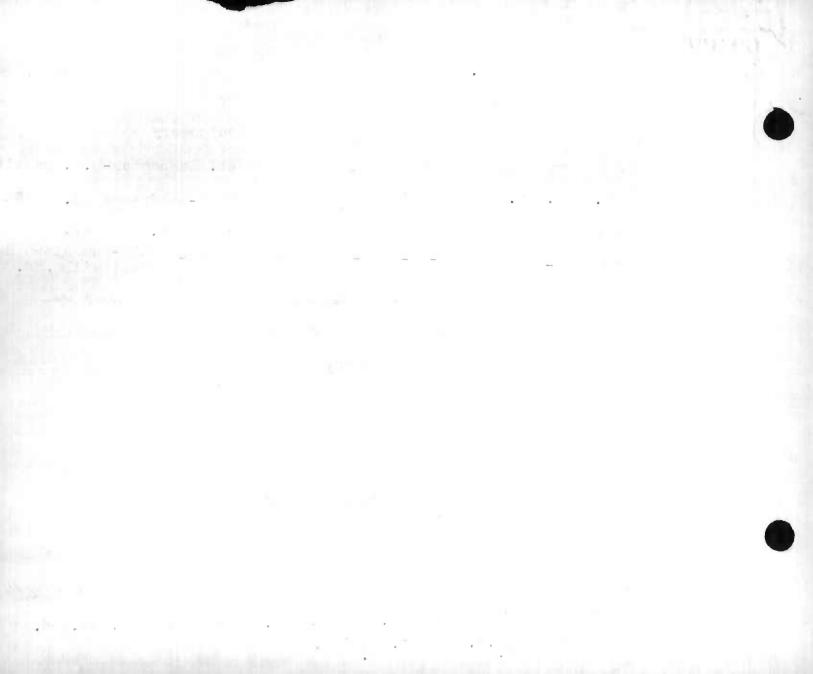
(SPECIFY) Burial

FOR - STATE

74 FUNERAL DIRECTONalley's F.H. ADDRESSMt.Rainier,

3/25/1985

Ft.Lincoln Cem. em. Brentwood Pr. Geo.
25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



086144	11.50

FOR STATE

## DI

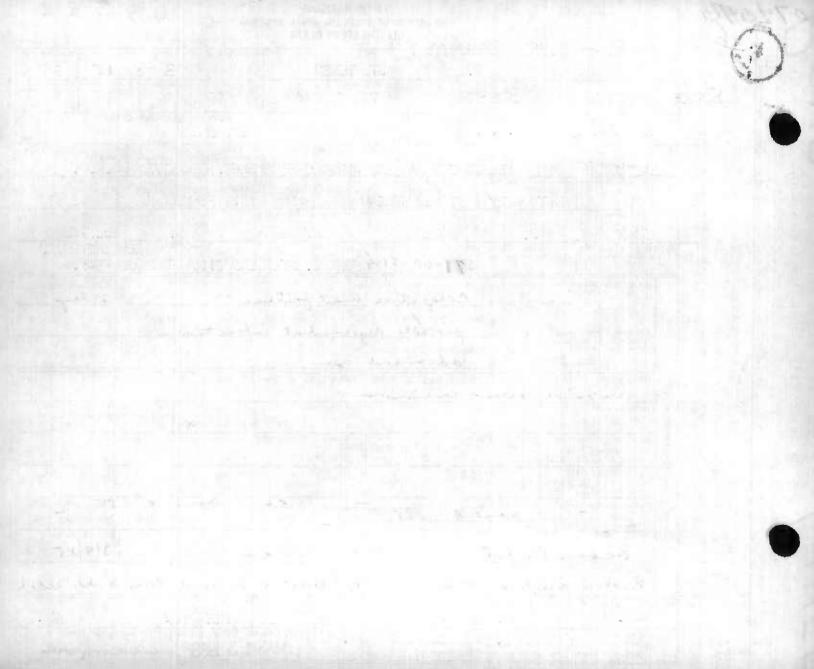
STATE OF MARYLAND	3-3
PARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

	REGISTRAR			CATEOF		REG. NO.					
1	DECEASED NAME FIRST		WIDDLE	MIDDLE LAST			20 DATE OF DEATH MONTH DAY YEAR 26 HOUR				
ı	(TYPE	James		Sp	eros		H	AR 1	4'85	3 (P )	
1	3. SEX	3. SEX 4. RACE		5. DATE C		ME AD	6. AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.	
1		Male	White	Apri	1 8	1893	91	YRS		HOURS MIN.	
4	To. BIRTHPLACE (STATE OR FOREIGN		76 CITIZEN OF WHAT COU	INTRY? 8	ED MEVER MARRIED		P BALTIMORE CITY OR COUNTY OF DEATH				
1		Greece U. S. A.		WIDOWE	D D	NORCED [	Montgomery MD.				
0	Po	D . LIF NOT IN SUCH FACILITY, GIVE STRE		River Ros	ver Road		The USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Owner		E) INDUSTRY	126. KIND OF BUSINESS OR INDUSTRY Restaurant	
5	13a. S	STATE 13b CO	ntgomery Pote	CE BEFORE ADMISSION)  OR TOWN  OMAC	13d INSIDE (	NO 🗌	13. STREET ADDRESS 11700 Ri			20854	
7	14. FA	ATHER'S NAME FIRST	MIDDLE	AST	15. MOTHER	S MAIDEN NA	ME		LAS	1	
U	1	Leonidas	Sp	eros		ngelik			$(U_{n})$	known)	
1				AL SECURITY NO.	17 INFORMANT ADDRESS						
-		YES, NO OR UNKNOWN) (IF YES	578-	-03-4832	332 Vasilikie Speros, Wife. Same						
	PART I. DEATH WAS CAUSED BY:  [MMEDIATE CAUSE (a) Conduct area Tesperatory Facture							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 3 LL			
		DUE TO, OR AS A PONSEQUENCE OF									
Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF											
7	2			CASE O K	7600		200 AUTOPSY?	206. IF YES	EN IN PART 110 S, WERE FINDING YING CAUSES	NGS USED	
Н	CERT	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY			21c. HOW II	JURY OCCUR	RED (ENTER NATURE OF INJ				
1				TH DAY YEAR							
	MEDICAL	21d. INJURY OCCURRED			21L LOCAT		CITY OR 10	OWN	COUNTY	STATE	
1	×	MHEET NOT WHILE O	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	J	20.7	4	4	4		
1			aspital) attended the deceased	from	A)U	1967	, to	4 14	190	tlat (l) (ve) last	
		sow the deceased alive	d not) view the body ofter death	19.01, or	nd that is (my	(au) opinion	death accurred on the c	late and hav	r and from the	couses stated	
		22b. SIGNAMIIE	00-		DEGREE				22¢ DATE	SIGNED	
		Julia	_		PHYSICIAN	MEDICAL STA		Mar.	15 1985		
1	22d. PHYSICIAN'S NAME (TYPE STATE)			22e ADDRESS							
		Richard J.	Meyer, M.D.		4731	Mass. A	ve., N.W.	vash.,	D.C. 2	0016	
		BURIAL, CREMATION, REMO (SPECIFY) Burial	23h. DATE 3/18/1985	Parklaw			23d LOCATION CITY OR TOWN R	odkvil	le Mai	ryland	
	24 FUNERAL DIRECTOR Joseph Gawler's Sons Inc.  NAME 21 1985 June 1										

DHMH - 16 50M 4/83 (VRA 15, 4)

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2046	1.	FOR		DEPARTA		OF MARYLAND ALTH AND MENTAL HYGI	ENES 5	0 9	U	5 2
.16	L	STATE REGISTRAR	MOTE DED	NADETTE )		CATE OF DEATH	REG. N			
3. 2		OR PRINT)					2a. DATE OF DEATH	MONTH DA		26 HOUR
		MAE		В.		EPHENS		3 8	85	3 P
A SEE KEMAK	3. SE	FEMALE	4. RACE CAUCA		APR:	IL 3,1888 EAR	6. AGE (IN YEARS LAST BIR	YRS	FUNDER I YEAR	IF UNDER 24 HR
nerol dir in 72 hou		RTHPLACE (STATE OR FOREIGN	U.S.A	WHAT COUNTRY?	MARRIED WIDOWEE	NEVER MARRIED DIVORCED	MONTGOMERS		OF DEATH	^
by the fulled with	K	ENSINGTON	KENS	CH FACILITY, GIVE STREET	RDENS	NURSING HOME	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF EXEC. SECT	OF WORKING LIFE)		F BUSINESS C
din be		AL RESIDENCE (# NURSING HOM STATE 136 CC	OR OTHER INSTITUTION	134 CITY OR TOW	ADMISSION)		13e STREET ADDRESS	/ ZIP CODE		
fille fille nould		MD MOI	NTGOMERY	SILVER	SPRIN	GYES   NO	1316 FENW:			20910
2 sh	14. F/	ATHER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	NE MIDDLE		LAS	
b da b		JOHN	S.	JAMISO	N	CATHRENA		J.	EUST	
be execu		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES!	579-60		JOHN E. STEP	ADOR HENS 3120 H		NSINGT D PKWS	
sicio pers. ol.		18. CAUSE OF DEATH (Enter	only one couse pe							MATE INTERVAL
phy npo mov		PART I. DEATH WAS CAL	JSED BY: HATE CAUSE (0)	conges		heart failer			28	Laire
ned by the please rer urial, crem		couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN	(c)_	OR AS A CONSEQUE	محصیا	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	IDITION GIVE	N IN PART 1	0'
Then to by	Z	Curania	e been	+ care:	- me					
n. n. hos beer permit.	CERTIFICATION	190 DATE OF OPERATION	19b. COND	DITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?  YES □ NO 🎮		WERE FINDI	
g physicia g physicia errificote igi-tronsit into Hygin em 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY A.M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCURR		JRY IN ITEM 18 PA	RT I OR PART 2)	
offending ser this c s the burn ond Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
TTENDIN pital or TTOR: Af for use o of Health		22a.1 certify that (1) (this has sow the deceased alive above. (1) (we) (did) (did)	on Marc	h 8 19	85 . on	that in (my) (our) opinion of	to Nac			that (I) (we) I couses stated
y the hois NAL DIREC detoched ote Dept IT: If Item		Barbara	Blagfal				MEDICAL STA	IFF CIAN []	3 9	SIGNED 85
O HOSPITAL TO FUNERAL should be de with the Stort		Barbara BI	aylack,			6111 Executive		Rocki	rille, m	1. 2081
F = F 2 3 4		BURIAL, CREMATION, REMOVE				METERY OR CREMATORY	23d. LOCATION	211	COUNTY	VĂ.
BP	-	SURIAL	MAK.	12,1985	ARLING	TON NAT'L CEN	ARLINGT	UN		
HMH - 16 50M 4/83	24 F	UNERAL DIRECTOR FRA	NCIS J.	COLLINS	500 UN	IV. BLVD 25a DATE	R 1 3 1985	1256 REGISTR	AR'S SIGNAT	had DD
(VRA 15, 4)	-	WEST SILVER	SPRING.	MD 20901		141771	1 1 0 1300	Tural par	A SERIA-N	- Induc



## FOR - STATE

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EP	ARTMENT	OF HE	ALTH AN	D MENTAL	HYGIENE
	CE	RTIFI	CATE OI	DEATH	

		REGISTRAR							REG. NO	D			
		OR PRINT)	PIRSTLO	>	D.	5/8	Sterling			3 2-	5 85	26 HOUR	500
	3. SEX	' M		1 RACE	N	S. DATE C		7	OS BIRT	YRS	FUNDER I YEAR	HOURS	MIN,
		RTHPLACE ISTATE OR FO TOUNTRY) aryland	DREIGN	OS P	WHAT COUNT	MARRIE	NEVER MARRIED	100	IMORE CITY O	MERY	OF DEATH		MD.
7	_	IVORTOWN OF DEAT	ing .		HOSPITAL, NU	IRSING HOME	FOSP	12a USI	WAL OCCUPATION WORK FOR MOST O	PWORKING LIFE)	12b. KIND C INDUSTRY Serv		
2	13a S	Md.	Mon	TY	13c CITY OR T	TOWN	13d INSIDECITY LIMIT	30	EET ADDRESS / 33 McC	ZIP CODE	Manag Avenu	er le208	195
7		THER'S NAME Villiam	٨	AIDDLE	Sterl	ing	Celia	NNAME	WIDDLE		Sterl	ing	
		VAS DECEASED EVER IT		MED FORCES?	577 1	0 4417	Hazel St	erlin	ADDRE g(Wife			3E	
		Conditions, if ony, gove rise to immicouse 101, stating	which ediote	DUE TO, C	COLLEGE SA CONST	W - KO	a strept	pre	More	ae .	do	MATE INTER	ZAL DEATH
	CERTIFICATION	PART 2 OTHER SIGN	5 h	ullite	w;	TO DEATH AND	NOT RELATED TO THE	200	AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDI	NGS USED	H?
7		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	AUSE OF DEA	111		DAY YEAR	21¢ HOW INJURY OC	YES CCURRED (EN		YES		NO [	
	MEDICAL	21d INJURY OCCURRE	E []		OF INJURY REET, FACTORY, OF	FICE FARM, ETC )	211 LOCATION STREET		CITY OF TO	wn	COUNTY	ST	TATE
		27a. I certify that (I) ( sow the deceased above, (I) (werral	d olive on.	mund	7 24	19 85,01	nd that in (my) (som) op DEGREE	, to inion death oc					
_		228 PHYSICIAN'S NAM	ME (TYPE OF	PRINTI) DA	A PER	m.0.			TOR PHYSIC		ven -	Spri	15
		URIAL, CREMATION, R	REMOVAL	23b DATE		231 NAME OF C	EMETERY OR CREMATO		LOCATION CITY OF TOWN	1 a M	LSONG!	Mds	ATE

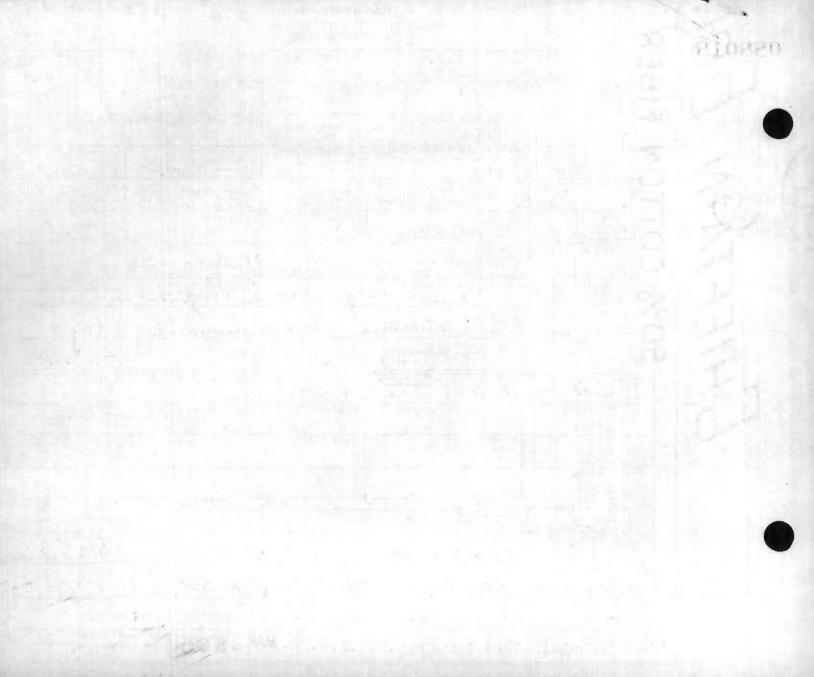
should be detoched for use as with the State Dept. of Health IMPORTANT If Item 21 is

TO FUNERAL DIRECTOR

TO HOSPITAL

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial 3/28/85 Parklawn Cemetery Rockvil
Hines/Rinaldi 11800 New Amp. Ave. S.S. Md. 26 985



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		"	STATE REGISTRAR		ME	DICAL EXAMI	NER'S	CERTIFICATE	OF DEATH	REG. NO.					
			CEASED NAME	FIRST		MIDDLE		LAST	2a DATE	KNOWN	MONTH DAY	YEAR	2b. HOUR		
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,	を行っると	3 SE	4 RAC	E 5	DATE OF BIRTH	YEAR 6. AGE (IN			R 24 HRS. 2c. DA	C	MONTH DAY	YEAR	2d HOUR		
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	APPER 2		Rockville			dy Grove Adventist Hospital Retired truc							ack driver		
5	CONTRACTOR OF	USUAL RESIDENCE (IF IN NURSING HOME O			TY 13. CITY OF TOWN!			13d INSIDE CITY LIMITS?	113a STREET ADD	OECC					
2120	会議を記めり	N	laryland	Montg	omery	Rockville		YES X NO	13e STREET ADDI 400 Ca	rlStreet	20851				
MD.	W HH		ATHER'S NAME		MIDDLE	LAST	4	15. MOTHER'S MAIL	EN NAME	MIDDLE		1457			
	TOWN NOT		Affexander			Stetz		Kathry	n	MIDDLE	Volo	shezul	ζ.		
IMO	WASAN .	16a \	VAS DECEASED EVER	IN U.S. ARME		16b. SOCIAL SECUR		17. INFORMANT	1.	ADDRESS					
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3	N N N		18 CAUSE OF DEAT	H (Enter only	one couse per line	o for (a), (b), and (c).)	173		4		A BEY	PPROXIMATE I	NTERVAL AND DEATH		
NO No	AMENDER		1 ANTIOLATII W		CAUSE (o)			arre	-2,1						
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a.	E SAN SAN		Conditions, if a	immediate	(b)	COLOMO		arte	riosch	2120215					
*	AME AME		cause (a) stating lying cause last.		DUE TO, OR	AS A CONSEQUENCE	OF						4		
5, 201	XECUTAGE IN A SAND A SA		(c)												
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	O TANK	MEDICAL CERTIFICATION	19a. DATE OF OPERA	ATION	119b. CONDI	TION FOR WHICH OP	20	20 AUTOPSY?							
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DIVISION OF VITAL	ST C ST	8	21d INJURY OCCUR	RED	21e PLACE	OF INJURY (AT HOME.	211 LC	CATION							
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	A S S S S S S S S S S S S S S S S S S S	13				scribed above, held an	Autor				n my opinion				
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	584544	23a.B	JRIAL CREMATION R			23c NAME OF C	METERY	R CREMATORY	23d LOCATION						
07/84	BP		Burial	3	3/8/85	Pine L	awn I	Iemorial P	ark Pi	ne Lawn	, New Y	York	E		
25M	DHMH - 17	24. FI	INETYSUM WI	neeler 1	Funeral I	lome, Inc.		250, DATE	REC'D. BY REGISTR	AR 256 REGISTI	RAR'S SIGNAT	UREDO			
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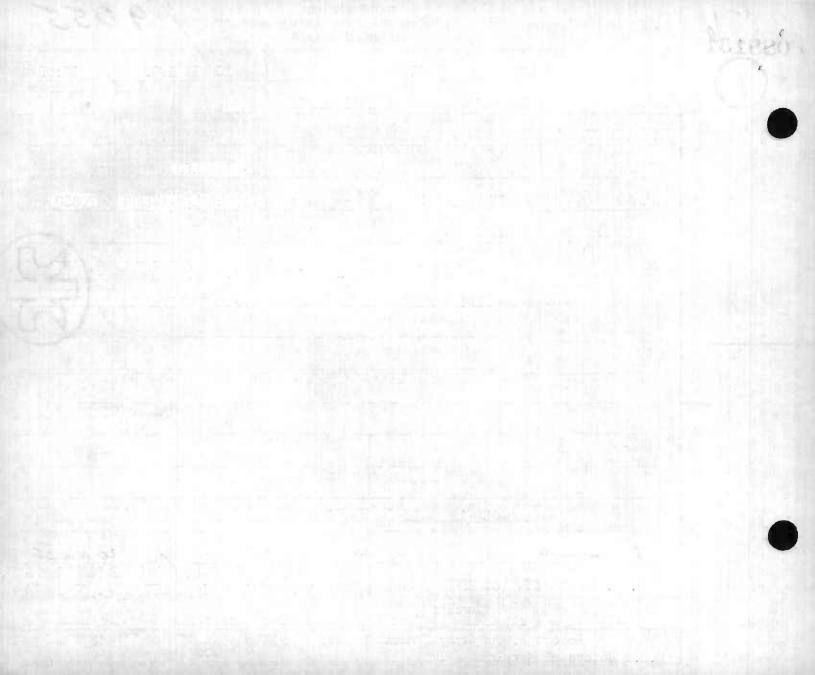
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10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs offer death. Pour Figure 1977	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral directions should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages 1 and 2 should be filled within 72 hour attended to with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.  [MPORTANT: If hem 21 is marked or them 18 shows any injury, or other troumatic event, the medical examine functive having at a longer.	
the death certificate be executed	the ottending physician and compremove carbonpapers. Pages 1 or emoval.	
HYSICIAN. The low requires that ding physicion.	is certificate has been signed by burnal-transit permit. Then please Mental Hygiene prior to burial, ci or them 18 shows any injury, or off	-
TO HOSPITAL OR ATTENDING PHYSICIAN. The lor retorned by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral disshould be detached for use as the bunal-transit permit. Then please remove carbonpapers-Pages 1 and 2 should be filled within 72 has with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.  [MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical exaginer and the population of a large.	

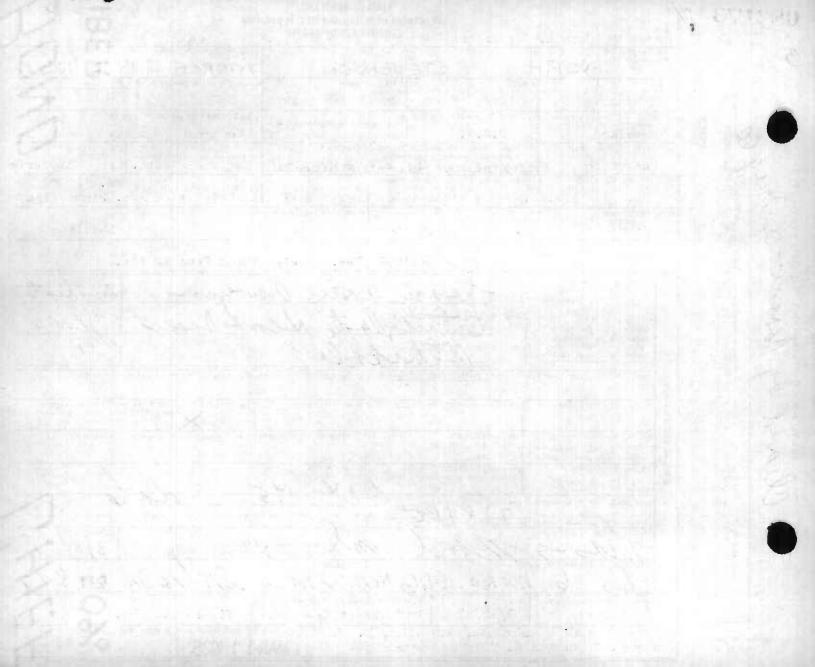
STATE OF MARYLAND	ing.	0	0	0	55
OF HEALTH AND MENTAL HYGIENE	42)	~	7	0	33
RTIFICATE OF DEATH	DEC. N	10			

/	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE P	o. 9	03	55	
А		CEASED NAME FIRST	N	AIDDLE	L	AST	2a DATE OF DEATH	MONTH D	AY YEAR	26. HOUR	-
	(1112	E	MILY E	E. ST	EVENS	S	MARCH 19	1985		11:05	5 P
	3. SE>	X	4 RACE	7-7-	5. DATE C		6 AGE LINYEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 23	
	FEM	IALE	CAUCAS	IAN	DECE	MBER 20 1922	62	YRS	ONTHS DAYS	HOURS	MIN.
	7a BI	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	B	D NEVED MADDIED TX	9 BALTIMORE CITY		OF DEATH		
1	DI	STRICT OF COLUM	MBIA UN	ITED STAT	ESOWE	D NEVER MARRIED X	MONTGOM	ERY Co	ounty.		MD.
1	10 CI	TY OR TOWN OF DEATH		OSPITAL, NURSING	HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126 KIND O	F BUSINES	
/	BE	THESDA	N.	AVAL HOSP	ITAL		Never Empl	_	N/A		
2	13a. S	AL RESIDENCE (IF NURSING HOME OF		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		11400	0.0	01.4
-		THER'S NAME	GOTTER	Bethesda	1	15 MOTHER'S MAIDEN NA	4970 Batte	ry Lan	1e #409	20	814
1			STEVEN	S LAST		CIDCT	WILTON		LAS	T	
1	16e W	VAS DECEASED EVER IN II S AR		165 SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDR	ESS			-
	()		E WAR OR DATES)	530-14-0		ERNEST E.STEV	/FNS 4970 R	ATTERY	LANE	APT a	#40a
						BETHESDA, ME		TITLICI		MATE INTERVI	
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D BY					TTTC	BETWEEN	ONSET AND DE	ATH
		IMMEDIA		V 18 1 1 1 1 1 1		IF TO PURULENT	PYELUNEPHI	(1112			
		Constitution of the second	DUE TO, OR	R AS A CONSEQUEN	VCE OF						
		Canditians, if any, which gave rise to immediate	(b)	Ulara a							
		couse (a), stating the underlying cause last	DUE TO, OR	R AS A CONSEQUEN	NCE OF						
		PART 2 OTHER SIGNIFICANT	(c)	NITRIBILITING TO DI	E A TILL DI IT	NOT BELATED TO THE TERM	IN AL DISEASE OR COM	DITION ONE	TALIBLI DADT 1.		=
	Z	PART 2 OTHER SIGNIFICATOR	.ONDITIONS <u>CO</u>	NATKIBOTING TO DI	LAIN BUI	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVE	NINPARITIO		
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH C	PERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED	
	FI						YES TX NOT	IN CERTIFY YES	ING CAUSES	OF DEATH	?
_	ERI	210 ACCIDENT WAS UNDERLYING	216. TIME OF			21c HOW INJURY OCCURR			GID	140 []	
		OR CONTRIBUTING CAUSE OF DE.	ALIT .	M. MONTH DAY	YEAR						
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE C	OF INJURY		21f LOCATION					
	ME	WHILE NOT WHILE AT WORK	(AT HOME STRE	EET FACTORY OFFICE, FAI	RM, ETC )	STREET	CITY OR TO	WN	COUNTY	STA	1E
		220.1 certify that (I) (this hasp	tal) attended the	deceased from	MARC	H 6 10 85	, MARCH	19	。85	that (I) (we	Vlort
		sow the deceased alive an	MARCI	H 19 19 8		nd that in (my) (aur) apinion o	death occurred an the d	ate and haur			
		abave, (I) (we) (did) (did no 22b. SIGNATURE	t view the bady o	atter death.		DEGREE			22c DATE	SIGNED	
		LI Henry W	,			ATTENDING PHYSICIAN F	MEDICAL STA	FF ST	100	MAR B	-
-		276 PHYSICIAN'S NAME (TYPE	PRINT)			PHYSICIAN [	HOSPITAL,				
		R. L. NEMEC.	LT, MC,	USNR			TAL REGION				
	230 B	UDIAL CREAMATION REMOVAL			AME OF C	EMETERY OR CREMATORY	123d LOCATION	DEIN	SUA, I	וט בטכ	214
	(	Burial	23b DATE M 23, 19	larch E		incoln Cemete:	CITY OR TOWN	d	Maryla	and Sta	TE
	24 FL		-				FRECD. BY REGISTRAR				
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		A. Bethesda	Marylan	a 20814				2 44 400	TANDOLD BENEVA	1	

DHMH - 16 60M 7/8 (VRA 15, 4)



STATE OF MARYLAND 082173 DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE CERTIFICATE OF DEATH REGISTRAR Nora L. Stevenson REG. NO 1 DECEASED NAME 20 DATE OF DEATH 2h HOUR TTYPE OR PRINTS NORA STEVENSON 1232 3 SEX 4 RACE & AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HR 1899 Female White 85 O. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Maryland Montgomery County WIDOWED DIVORCED [ MECTLY OR TOWN OF DEATH IT. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rockville Retired- Balto. Gas & Electric Shadu Grove Adventist Rospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13 STREET ADDRESS / ZIP CODE Md. 21208 12 Brightside Ave. Pikesville, May COUNTY 13a STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Pikesville Balto. Md. NOT 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Belle Sullivan John T. Stevenson 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 212-05-7160A Rev. Lavely Gruber Same as 13e. 18 CAUSE OF DEATH (Enter only one couse per live for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D). Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH ( IF EITHER, NOTIFY MEDIC AL EXAMINER) P.M 19 21d. INJURY OCCURRED 21¢ PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased and that in (my) (and opinion death occurred on the date and hour and from the causes stated abave, if (we) total (did not) view the bady of DEGREE ATTENDING MEDICAL STAFF FUNERA old be d MPORTAN 226 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 236 DATE 23a BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Pikesville Burial 3/12/85 Druid Ridge Cemetery 24 FUNERAL DIRECTOR 1630 Edmondson Ave. Catonsville, Md. 21228 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 Leroy M. & Russell C. Witzke Funeral Home Jundon-Remobile (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

098185 REGISTRAR 20 DATE OF DEATH I. DECEASED NAME ALIDDI F LAST MONTH 2b HOUR 20 TYPE OR PRINTI TAMES AMXS BERGER AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH IF UNDER 24 HRS White. MONTH Male. 1901 JUNG 9. BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED VIRGINIA WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR Washington "Adventist INDUSTRY Takoma Park. LAUNARY. SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Takoma Park 13d INSIDE CITY LIMITS? Maryland I FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE NOT THE WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 216-46-0603 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic-PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUF TO OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO I 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220 | certify that (I) ( hospital ended the deceased from he deceased alive on\_ , (I) (we) (did) (did not): and that in (my) our apmion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME IN DRIPTING 22e ADDRESS CROMWELL

23e. BURIAL, CREMATION, REMOVAL

- STATE

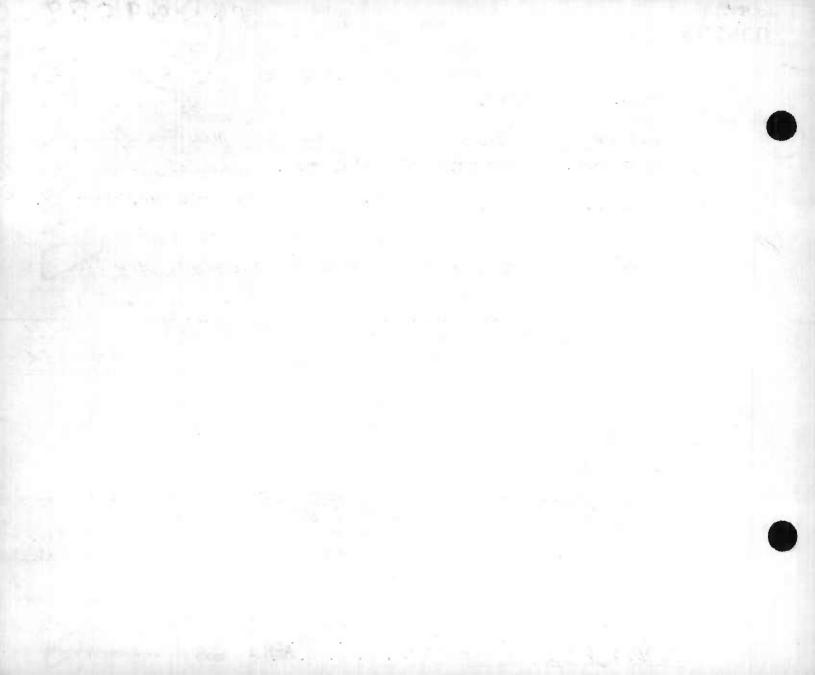
23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION

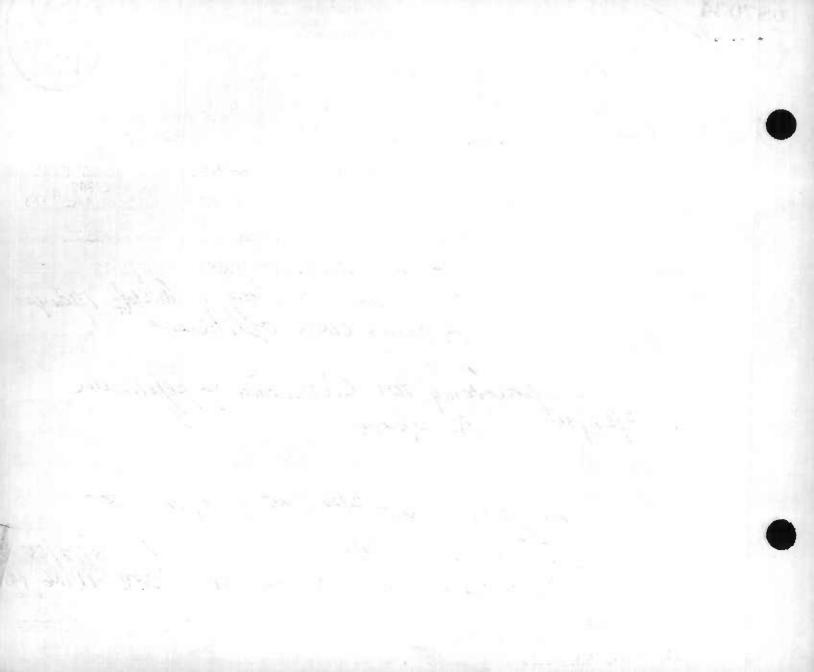
COUNTY

DHMH - 16 50M 4/83 (VRA 15, 4)

MARCH 26. 1985 FORT LINCOLD CEMETRON Takoma Funeral Home. Ind 250 DATE RECO. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 254 Carroll St. N. W. D.



087034	1/	STATE OF MARYLAND R C 0 9 0 5 0
1	h.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
The same of the sa		REGISTRAR CERTIFICATE OF DEATH REG. NO.
10		CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
1 15	1,	Fred H. STROUPHAUEL 3 1685 1033mm
000	3. 5E	X 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) FUNDER 1 YEAR FUNDER 24 HRS
- 1/35		MALE W MONTH DAY YEAR 62 YES MONTHS DAYS HOURS MIN.
2 6A N	7a B	IRTHPLACE ASSAULT OF FOREIGN TA CITIZEN OF WHAT COUNTRY? 8
1 12 10	1	PENNSYLVANIA U.S.A. WIDOWED DIVORCED MONTGOMFRY MD.
1 11 27	10. C	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR
= 1 11 (VX	Si	luck Spring, md Holy CROSS HOSPITAL MANAGER GIANT FOODS
120	USU	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
2 2 2	130.	MD   136 COUNTY   136 CITY OR TOWN   13d INSIDE CITY LIMITS?   130 STREET ADDRESS / ZIP CODE 20902 +313
A 1 1 1 1 1 1 1	14. F	ATHER'S NAME  15 MOTHER'S MAIDEN NAME
MARYLAND  red within 24  mpinning till  and 2 should	1	FIRST MODE LAST FIRST MIDDLE LAST
	1160 V	JOHN STROUPHAUER VERNA REHER WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
BALTIMORE, core be exercing bysicion and expers. Page vol. 11, the medical in, the medical in th		YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)
LTIIN ion rs. P	ES	
BA hysic pope covol.		18 CAUSE OF DEATH (Enter only one couse per line for Jo), (b), and (c).)  PARTI. DEATH WAS CAUSED BY  APPROXIMATE FAIREVAL  APPROXIM
		IMMEDIATE CAUSE (0) TWOMED FALLS, THUS CALLETTE THE TOTAL TO
o the corbin to		DUE TO, OR AS A CONSEQUENCE OF
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W. PRESTON ST of the deoth certification of the ottending free remove corbon cremofion, or ren inher froumofic ev		couse (o), stoffing the DUETO, OR AS A CONSEQUENCE OF
		underlying couse lost.
s, 201	-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BETATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 110
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir rottending physicion. Wher this certificate been sign of she buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or Items 8 shows any injury	CERTIFICATION	Laparotomy 101 Carcinonia of Egellation
ECO ow	₹ S	THE DATE OF OPERATION WAS PERFORMED  AND ALL OFFICE OF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
AL ALR		THE AS ARTHUR YES NO YES NO IN O
VIT Nysic No. 1 Nysic Ny	18	216. A CIDENT WAS UNDERLYING 216. TIME OF INJURY A.M. MONTH DAY YEAR TO CONTRIBUTION OF CONTRIBUTIONS OF CON
Cla pla pla pla pla pla pla pla pla pla p	¥	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19
HYS ndin	MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY (IAT HOME STREET FACTORY OFFICE FARM ETC.) 31REET CITY OR TOWN COUNTY STATE
NIS Office offic	E	WHILE NOT WHILE AT WORK AT WORK
A A Se o		22a I certify that (I) (this haspital) attended the deceased from
TTEN Direction of His	1	saw the deceased affice on 1985, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (early day in the poor fifter death.
OR ATTOOR ATTOOR ATTOOR OR ATTOOR OF THEM 2 f from 2		776 SIGNATURE PEGREE 221. DATE SIGNED ,
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3/17/83
HOSPITAL ned by the FUNERAL Juld be der the Stote		THE PHYSICIAN'S NAME (TYPE OR PRINT), 22e. ADDRESS
O HOSPITA efoined by TO FUNERA should be 5 for with the 5 for		1 1/4 MADOUS MO 10301 GA AVE SILVER SPRING I
show with	73e	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION
BP		(SPECIFY) CITY OR TOWN COUNTY STATE
	24 F	CREMATION 3/18/85 METROPOLITAN CREMATORY ALEXANDRIA UTRGINIA UNERAL DIRECTOR FRANCIS I COLLINS
DHMH - 16 50M 4/83 (VRA 15, 4)	1	MAR 2.2 1985
(VNA 13, 4)	100	UNIV. BLUD. W. SILVER SPRING, MD. 20901



# FOR STATE REGISTRAR

STATE OF MAKTLAND	3-2
PEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

		REGISTRAR								REG NO.				
		EASED NAME	FIRST		AIDDLE		AST	No. of Persons		DEATH MON		Y YEAR	26 HOUR	٦,
	(IIII)	R PRINT!	Virg	inia	P.	St	ulling	er	Marc	h 18,19	85		10:05	٨
	3. SEX			4 RACE		5. DATE O			6 AGE IN	EARS LAST BIRTHDAY		UNDER I YEAR	IF UNDER 24 HE	-
	100	Female	9	Whit	ce	FEB		1905	80		YRS	INTHS DAYS	HOURS MI	٧.
		THPLACE ISTATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	□ NEVE	MARRIED -	9 BALTIMO	RE CITY OR CO	DUNTYC	FDEATH	Effets	
1	CC	MISSOURI		U.S.	Α.	WIDOWE		DIVORCED A	Montgomery				WE	
7	10 CIT	Y OR TOWN OF DE	ATH		HOSPITAL, NURSIN					OCCUPATION			F BUSINESS C	R
1		Olney		Montgo	nery General	eral :	Hsopti	al	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  TEACHER SCHOOL					
-	USUAI 13a. ST	ATE	13b. COUN		GIVE RESIDENCE BEFORE		1134 INSIDE	CITY LIMITS?	112 STREET	ADDRESS / ZIP	CODE			
7		Md.		GOMERY	SANDY S			NO [	173			LA. 20	860	
	I4. FAT	HER'S NAME	1000	MIDDLE	LAST		15 MOTHE	R'S MAIDEN NA	ME	WIDDIE				_
)	102	CHARLES		WIDDLE	PAULSELL	1		CLAR	A	WIDDLE	I	UNDERW	OOD	
		AS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORA	TANT	1500	ADDRESS	74	PORTL	AND RD	
	JAF	NO	(IF TES, GIVE		267-24-10	552	MRS.	PATRICI	A STEA	DMAN	SUM		.J.079	-
		PART I. DEATH V	H (Enter on	y one couse per	line for (o), (b), and	122 4	/	10d I				BETWEEN	MATE INTERVAL	н
		PARTI. DEATH V	IMMEDIAT	E CAUSE (o)	Cacheopa	cruci	acz u	11-11				3/18/	185	
				DUE TO, OI	AS A CONSEQUE	NCE OF/L	0	31.11	R.	. 51.		3/6	4	
		Conditions, if ony		(b)	conju	ce /oc	1.	1 42h / 1	newer	ay we	enel .	14/0	J	
		couse (o), stotil	ng the	DUE TO, OI	R AS A CONSEQUE	NCE OF	6			0		3/4/	17-	
		underlying couse		(c)	aprice							11.1		_
		PART 2 OTHER SIG		- ·	ONTRIBUTING TO D		NOT RELATI	D TO THE TERM	INAL DISEAS	E OR CONDITION	ON GIVEN	N IN PART 10	3	
,	1 5	90 DATE OF OPERA	LION		TION FOR WHICH		1 W/AS DEDI	OPMED	20a AUTO	DPSY? IZAN	IF YES	WERE FINDIN	IGS LISED	_
)	CERTIFICATION	THE DATE OF CHAIN	11014	178 COND	TOR WHICH	OI EKATIO	Y WAS FERN	OKMED -		IN	CERTIFY	NG-CAUSES	OF DEATH?	
	E	21a ACCIDENT WAS UN	DERLYING [	21b. TIME O	F INJURY		121c HOW	INJURY OCCURI	YES T	NO X	YES	-	ио 🗌	-
		OR CONTRIBUTING	-	1100110	M. MONTH DA	Y YEAR			- (E)4164 141	TORE OF INJOR FOR	TEM TO THE			
	MEDICAL	(IF EITHER NOTIFY MED		21e. PLACE		19	211 LOCA	ION						
		WHILE INOT W	HILE		FET LACTORY, OFFICE FA	RM, ETC		EI		CITY OR TOWN		COUNTY	STATE	
	I F	22a I certify that (1)		tal) attended th	e deceased from	3/4		10 63	to	3/13	15	-16	that (I) (we) !	05
		sow the deceas	ed olive on.	3/13	19.63	on on	d that in (m	y) (our) opinion	deoth occurre	d on the date o	nd hour c		, , , , ,	
		22b. SIGNATURE	L.	/ view the body			DEGREE					1220 DATE	SIGNED	-
		gull	ur !	Achie	gred n	D		ATTENDING PHYSICIAN	MEDICAL	STAFF  PHYSICIAN		8/18	185	
		220. PHYSICIAN'S N	AME ITYPE OF	R PRINT)	1		22e ADDR	ESS						
		Dr. Sch	pengol	d	1		1811	l Prince	Phili	p Dr. O	lney	, Md.	20832	

should be detached for use as the burial-transity with the State Dept. of Health and Mental Hygien

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

DHMH - 16 60M 7/B4

MPORTANT: If Hem 21 is

24 FUNERAL DIRECTOR W. CHAMBERS CO. INC. (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION

23b. DATE

SILVER SPRING,

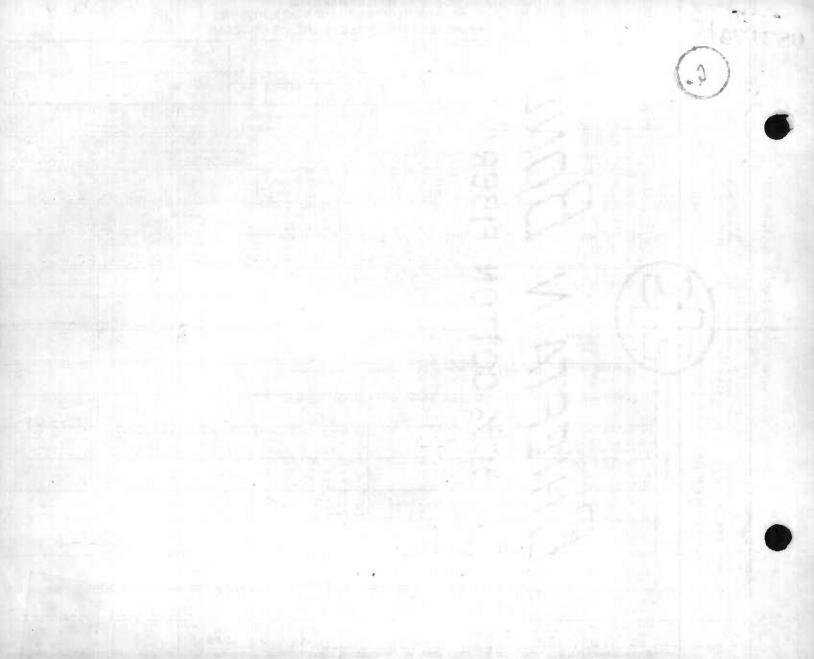
CHAMBERS

23c NAME OF CEMETERY OR CREMATORY

CREMATORY

23d. LOCATION
CITY OR TOWN
RIVERDALE MAR 22

STATE OF MARYLAND

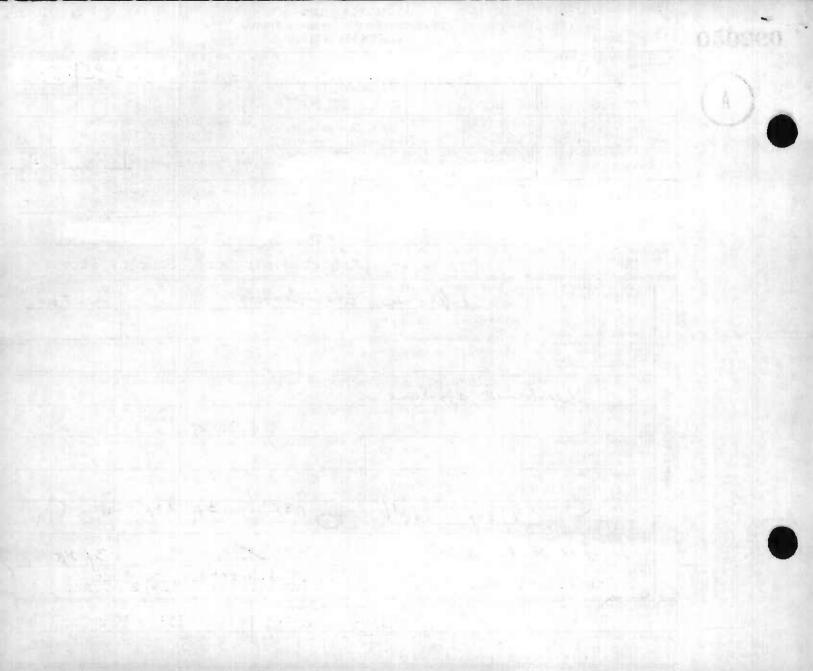


082175		FOR					OF MARYLAND	- N	0	9 0	6 1
2 12	1-	STATE			DEP		EALTH AND MENTAL HY ICATE OF DEATH	GIENES ***			
111 10	) DE	REGISTRAR CEASED NAME	FIRS1		MIDDLE		AST	2a. DATE OF	REG. NO.	DAY YEAR	R 2b HOUR
e wŧ		OR PRINT)	11.		/	5		THE DATE OF	3	5 '85	10
may be page 3 er death	3. SE)	w		CLM	- August 1	5. DATE C	rber	4 AGE UNIV	EARS LAST BIRTHDAY)	IF UNDER 1 YE	1113
offer. p	3. SE	M.		1. KACE	to	J. DATE C	DAY YEAR	6. AGE TINT	- I	MONTHS DA	
oge ours	7 00	7//		With	WILLY COLD	7042	15 13	O DALTIMO	RE CITY OR COUN		
7 2 kg		RTHPLACE (STATE OR FOI	REIGN	Th CITIZEN OF	MHAT COUN	MARRIE	NEVER MARRIED				
deo deo	10 ()	TY OR TOWN OF DEAT		11 NAME OF	1 OSPITAL NI	WIDOWE	D DIVORCED DO OTHER INSTITUTION		tgomery C		D OF BUSINESS OR
à 43 47/				JIF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS)		(TYPE OF WOR	FOR MOST OF WORKING	G LIFE) INDUST	RY
urs off	T	akoma Park	) in the last of				Hospital	Mana	ger	Ser	vice Sta.
filled in ould be	13a S	STATE	b COUN	TY	13c, CITY OR	TOWN	134 INSIDE CITY LIMITS?		ADDRESS / ZIP CO		
4 2 2		ryland	Pr.	Georges	Templ	e Hills	YES NO	2905	Brinkley	Rd. #1	02 20748
MARYL mplegely god 2 s	14. FA	FIRST		AIDDLE	LAS		FIR51	AMC	MIDDLE		LAST
Complete Com		Claiborne		Lee	Surb	SECURITY NO.	Dora.		ADDRESS	And	lerson
MORE Poges	(	YES NO OR UNKNOWN)	IF YES, GIVE	WAR OR DATES							
T. P. De			W.W.			6-3066A	Dora Jane S	urber	as in i	tem #13	e soviete interval
		18 CAUSE OF DEATH PART 1. DEATH WA	Enter onl	y one couse per BY:	ling for in), th	ol, and ich	1. (	105		BETW	ROXIMATE INTERVAL EEN ONSET AND DEATH
ST., on g pl				E CAUSE (o)	11/5/10	5/01/	here Coal	CCI			4803
oth c cork cork				DUE TO, O	R AS A CONS	SEQUENCE OF					
RES dec dec official decidence of the offici		Conditions, if any, a		(b)							
W. P		couse (o), stating underlying couse	the lost.	DUE TO, O	R AS A CONS	SEQUENCE OF					
ed b pleos rriot.				(c)	D. (V.D.D.) (V.D.)	200000000000000000000000000000000000000				CHIENLALBAR	
signise but for but fo	z	PARI 2 OTHER SIGNI	6.	ONDITIONS CO	DATKIBUTING	0 1 4	NOT RELATED TO THE TER	1.		GIVEN IN PAR	1 110
rior t	ATIC	190 DATE OF OPERATION	10 G	19b COND	ITION FOR W	202	N WAS PERFORMED	200 AUTO		YES, WERE FIN	NDINGS USED
Son bern be by Son bern be by Son bern bern bern bern bern bern bern ber	CERTIFICATION							YES	NOTE IN CER	YES T	SES OF DEATH?
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.  NG PHYSICIAN: The low requires that the death certifurantending physician.  When this certificate has been signed by the attending place the buriol-transit permit. Then please remove carbons in and Mental Hygiene prior to buriol, cremation, or removed or them 18 shows any injury, or other traumatic even	ER	210. ACCIDENT WAS UNDER	RLYING	21b. TIME O	F INJURY		21c. HOW INJURY OCCU				
SICIAN: 1 ng physic certificate mol-trans ental Hyge them 18 st		OR CONTRIBUTING CA		10	M. MONTH						
PHYSIC ending this cert the bursel of Mention	MEDICAL	21d. INJURY OCCURRE		21e. PLACE	OF INJURY	19	211. LOCATION				
VISIO Onder the street ond seed of the street of the stree	X	WHILE NOI WHILE		( AT HOME STE	REET, FACTORY, O	FFICE, FARM, E1C.)	STREET	01.1	CITY OF TOWN	COUNTY	STATE
DIN OF OF OF OF HAME		22n.1 certify that	his hospit	ol attended th	u deceased f	rom 15	JAH 19	1.10	mna	19 85	that (b) (we) lost
TOR. Of He		saw the dependent	ale on	Siew the body	n		nd that i (my) (our) opinio	n deoth occurre	d on the date and l	hour and from	the couses stoted
R AT Hospital		22h SIGNATORE	7 1010 100	They the body	atter death.	-	DEGREE			22c. D	ATE FIGNEDY
the Destroy		Muns	11	Shus	Maa	,	MA ATTENDING	MEDICAL DIRECTOR	STAFF PHYSICIAN	3	16 185
O HOSPITAL O HOSPITAL TO FUNERAL Should be del with the State		THE FRESICIAN'S NAM	AE JUNEOU	rajeli i	nye		22e ADDRESS	Dinecton		7	1
TO HOSP retoined E Should be with the S		THOMAS	H.	BELKIN	16ER	MD 75	5 GIPPHUM	u Cenil	or Direr	6/pp	be TMD
Of Of MAN	23n. E	BURIAL, CREMATION, RI	EMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOC/		Circur	20770
ВР		Burial		3-9-	85	Cedar F	ill Cemetery		tland	Pr. Go	orges Md.
DHMH - 16 50M 4/83	24 FL	JNERAL DIRECTOR		J		207			EGISTRAR 256. REG	SISTRAR'S SIGN	VATURE
(VRA 15, 4)	G	.P. Kalas 6	160	Oxon Hi	11 Rd.			R 8 10	185 Julia	Davidson	-Mandell

ont or any county rvice t. n. er rvice t. errand x. ecres conde 171s & cords mindey c. 100 0749 Hitema Gec urber nosson .... If and and on June union in iter the uri 1 3-9-05 Jeder Hill Genoter, with a r. ecros Ed.

(... 11 c''6( : on ill c. ron ill, c.

09200		FOR 4/8/85 ; STATE REGISTRAR		STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 5 REG. NO.	) 0 5 4			
		CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 2b. HOUR			
1 7	(TYPE	Arle	ene Rose	Taylor	March 22, 1985	- 2.45 am			
1/11	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER TYEAR IF UNDER 24 HRS			
_ ( A )		Female	Caucasian	oct. 24,1938	46 yrs.	MONTHS DAYS HOURS MIN.			
1 10 K		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	MADDIED X NEVER MARRIED	BALTIMORE CITY OR COUNTY				
God and The		ennsylvania	United State	S WIDOWED DIVORCED	□   Montgomery	Montgomery County, MD.			
ofter of the figure of the fig		ITY OR TOWN OF DEATH  OCKV111e	- O / HE NICT IN STICH FACILITY, GIVE STI	SING HOME OR OTHER INSTITUTION REET ADDRESS! Aventist Hospital	120 USUAL OCCUPATION (Type of work for most of working Lil Secretary	126 KIND OF AUSINESS OR SEALTLY SALON			
ND 2122	1,3a. S	AL RESIDENCE LIF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEINTY  GOMETYGETMAN	FORE ADMISSION)  DWN 1136 INSIDE CITY LIMIT	130 STREET ADDRESS / ZIP CODI 18630 Mustar	1116			
Thin thin	14. FA	ATHER'S NAME	7	15. MOTHER'S MAIDE	N NAME	a deca doure			
MAR wed w	1	William	McCal	oe First, -	MIDDLE MIDDLE	Kenne1			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the direction of completely filled in butter this certificate has been signed by the ottending physician and completely filled in butter this certificate has been signed by the ottending physician and completely filled in butter this certificate has been signed by the ottending physician and 2 should be fill the and Memoil Hygiene prior to burrol, cremation, or removal.  Or set a standard physician prior to burrol, cremation, or removal.	160 V	VAS DECEASED EVER IN U.S. AF YES, NO PRUNKNOWN]   [IF YES, GP	IVE WAR OR DATES)	CURITY NO. 17 INFORMANT	lusband ADDRESS	as item 13			
hysicio popers ovol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	inly one couse per line for (o), (b), ED BY:	n'as als	accid	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
ring purpos		IMMEDIA				sevel me.			
STO Fend Tend on, o		Conditions, if any, which	DUE TO, OR AS A CONSE	OUENCE OF					
he dhe or mori		gove rise to immediate couse (a), stating the	(b)	OUEVICE OF					
1 W. by t ose r other		underlying couse lost.	DUE TO, OR AS A CONSE	DUENCE OF					
DS, 20 quires t quires t signed hen ple o burio jury, or	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIV	/EN IN PART Ito:			
Mony in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		S, WERE FINDINGS USED			
he foon. hos the foon.	TE	005000			V.V =	FYING CAUSES OF DEATH?			
VII hysicing Hygicing Hyging H		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		DAY YEAR 216 HOW INJURY OC	CCURRED (ENTER NATURE OF INJURY IN ITEM 18 I	'ART I OR PART 2)			
Sicial popularisticismost	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE		19					
IVISION OF PHYSIC offending fer this cer is the burion on ond Meninked or Itel	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE FARM, ETC ] 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
NDIN I or I or Use o I eolili			oital) attended the deceased from	1.0		19, that (I) we) lost			
Spino CTO CTO of H		sow the eccessed olive on obove, (1) we) (did) (did no	of wew the body offer death.	ond that (my) (our) opi	inion death occurred on the date and hou	r and from the couses stated			
OR he ho DIRE ochec		22b. SIGNATURE	0 t - 140	DEGREE ATTENDIN	NG - MEDICAL STAFF	22c. DATE SIGNED			
RAL Stote		224 PHYSICIAN'S NAME (TYPE	Culting (100	PHYSICIA	AN PHYSICIAN	3/24			
TO HOSPITAL cetoined by the TO FUNERAL is should be deto with the Store I IMPORTANT.			Richman, M.D		aithersburg Mary ntgomery Village	land Avenue			
BP	23a. 6	BURIAL, CREMATION, REMOVAL SPECIFY) Burial		ok Name of CEMETERY OR CREMATO Parklawn Memori		Maryland STATE			
DHMH - 16 50M 4/83 (VRA 15, 4)		HOMES PA ROBEI	RT A. PUMPHRI OCKVILLE, MAR	EY FUNERAL 250	PATE REC'S BY REGISTED 251 REGIST				
(10, 10, 1)		10.11.0,1	OCKATHTH, PIKK	LIMI					



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

tem 2a Per. Call From F.H. STATE OF MARYLAND

FOR 3/28/.85JAB

- STATE

### - STATE DECEASED NAME

Male

Md

No

LIVEE OF PRINT

STATE OF MAKTLAND	200
DEPARTMENT OF HEALTH AND MENTA	AL HYGIENE
CERTIFICATE OF DEATH	1

DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.		
WIGDTE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
Edward	Taylor	3/17	/85	8:30pm
4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Black	Nov. 10, 1910	74 YRS	MONTHS DAYS	HOURS MIN.
Th CITIZEN OF WHAT COUNTRY	2 8	9 BALTIMORE CITY OR COUNT	TY OF DEATH	

MARRIED NEVER MARRIED X COUNTRY) U.S.A. Md. WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Robert Edward 4 RACE

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY

DIVORCED

Montgomery TYPE OF WORK FOR MOST OF WORKING LIFE! Laborer

12h KIND OF BUSINESS OR INDUSTRY Nark & Planni

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

130. STATE

BIRTHPLACE I STATE OR FOREIGN

Columbia Howard

113d. INSIDE CITY LIMITS?

8044 Route #32 15 MOTHER'S MAIDEN NAME

13e STREET ADDRESS / ZIP CODE

21044

14 FATHER'S NAME

Edward R. Taylor 166 SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES?

17 INFORMANT

Lottie E. Cook

(Friend) same as

LAST

Conditions, if any, which gove rise to immediate couse (a), stating the

216-12-4827

Lula Mae Taylor

underlying cause last

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

OR CONTRIBUTING CAUSE OF GEATH	216. TIME OF INJURY HOUR A.M. MONTH

NAME (TYPE OF

DAY YEAR 19

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED NOT WHILE

190 DATE OF OPERATION

21e PLACE OF INJURY

211 LOCATION

CITY OR TOWN

(AT HOME STREET, FACTORY OFFICE, FARM ETC.) 220.1 certify that (this hospital) attended the deceased from

and that in (my) (and apinion death accurred on the date and haur and fram the causes stated

saw the deceased alive on

ATTENDING 22e ADDRESS

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE

STATE

(SPECIFY)

3-22-85

Mutual Mem. Cem.

DEGREE

23d. LOCATION Sandy Montg.Md. Spring

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT

ld b

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

Burial

246 N. Washington St. George R. Snowden Rockville, Md. 20850

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Ching Nontgomery Jorn al Hospital

099090

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR	DEPAR	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	reg. No	70	60	
1	1. DECEASED NAME FIRST	MIDDLE	LAST			YEAR 25 HOUR	_
1	Glady	C T	Thiece		3 - 78-	85 4:50	Du
ł	1 SEX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT			RS.
١	F = 1 1 1 1 1 1	1.//	MONTH DAY YEAR	0-	MONTHS		IN.
d	FEMALE	WhiTE	4 - 12 - 1890		YRS		
/1	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEA	АТН	
	NCAROLINA	USA	WIDOWED DIVORCED	100	aomeru	Co.	MD.
7	10 CITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATE		KIND OF BUSINESS	OR
)	Silver Spring	HOLY Cross	tospital	Retired-1		chook	
3	USUAL RESIDENCE (* NURSING HOME OF		DWN 136. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	200	
9	110 Inton	toomery Silver s	poruna YES NO [	18202 QUEE	n Annes!	Jr 2090	
d	14 FATHER'S NAME	MIDDLE LAST	J IS MOTHER'S MAIDEN N	MIDDLE	THE SELECTION	LAST	
1	ADOLPH	BURTO	N BURLA	Eich	OYL	ER	
	160. WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GR	RMED FORCES? 165 SOCIAL SE	CURITY NO 17 INFORMANT	ADDRE	SS		w 1
	NO -	- 220-28	3-7445 FRANK J	. THIESS	(SAME	AS ITEN	113
1	18 CAUSE OF DEATH (Enter of	nly ane cause per line for (a), (b)	ond ic.	Programme and the	Bi	APPROXIMATE INTERVAL	TH.
ı	PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (a) acit	e ce illialie	Jackel 18	11	2 days	9
3			DIJENICE OF	6.	0	/.	
1	Conditions, if any, which	DUE TO, OR AS A CONSEC	alce to	electris	de	al cal 1/2	cels
1	gave rise to immediate	) (0)				-	
1	couse (0), stating the underlying cause last.	DUE TO, OR AS A CONSEC	QUENCE OF				
		(c)					=
1	- /		O DEATH BUT NOT RELATED TO THE TER	e callact	pl .	AKI IIa	
d	19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING		CH OPERATION WAS PERFORMED	20a ALOPSY?	20b. IF YES, WERE	FINDINGS LISED	-
/	24	TIME CONTONION ON THE	CHOICKANDIV WAS LEW OWNED		IN CERTIFYING C	AUSES OF DEATH?	
Н	E	The state of the state of	In How himsy ass.	YES NO	YES [	NO [	
9	OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M., MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJUR	TY IN ITEM IS PART I OR	(ART 2)	
	(IF EITHER NOTIFY MEDICAL EXAMINE		19				
1	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFIC	211 LOCATION	CITY OR TO	wn cou	INTY STATE	
1	WHILE NOT WHILE AT WORK	(AT NOME STREET PACTOR), OPPIC	CE PARM ETC.				
1		intal) oftended the deceased from	m	10 Micon	Pu 2519 8	5 that (IH(WE)	lost
1		of) view the body after death.		in death occurred an the de	ate and have and for		
1	22b. SIONATURE	ot) view the body after death.	DEGREE		122	DATE SIGNED	_
1	Just wall	of a sollad.	ATTENDING	MEDICAL STAI	FF .	1-1-10	
4	DINE CIAN'S NAME	10 semone	PHYSICIAN  122e ADDRESS	DIRECTOR   PHYSIC	IAN	12010.	<u> </u>
1	C. I I I I I I I I I I I I I I I I I I I	OK PRINT)	4 9 Marila	0000	A - 14	5 _ 1	1
	L'y chincy L	avonthal,	is. It to both	M. Si	soul of	Mag, pr	Br
	230 BURIAL, CREMATION, REMOVAL	23b. DATE 23	L NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNT	. 0	
	CREMATION	3-29-1985	CHAMBERS CRE	M. RIVER	n 11 - 1	GC. Md	
	24 FUNERAL DIRECTOR			ATE REC'D. BY REGISTRAR			
	16/ 10/ 11/1 11/1	7 - D - A - ADDRES	S = " I WER & OP'N AND A	DD 7 4005	" , waind	Jew-Northway	13

DHMH - 16 60M 7/84 (VRA 15, 4)

W. W. CHAMBERS CO INC SILVER SPRINGING. APR 3

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078019	,	FOR		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H	YGIENE 5	9000
W +9		- STATE REGISTRAR	AND RES 1	CERTIFICATE OF DEATH	REG. NO.	
1		CEASED NAME FIRST	SUSIEMDLE A. REM	18 TIAKIF	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(4)	1.58	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER UNDER UNDER THE UNDER UN
		FEMALE	WHITE	3 ZU 03		RS. DATS HOURS MIN.
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- 1 11 62	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE	11 - 1	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
1 11	ษรบ	AL RESIDENCES IF NURSING HOME O	OR OTHER INSTITUTION, GIVENESIDENCE BEFO	RE ADMISSION)	HOMEMAKER	207.10
DAN STATES	TA E	ATHER'S NAME	P.G. Ise Clive 10.	WNCOLL PIGIGINS IDE CITY LIMITS?	14613 HM	herstild
1 19/157	)	JOSEPH	MIDDLE LAST	15 MOTHER'S MAIDEN I	MIDDLE	(AST
		WAS DECEASED EVER IN U.S. AF		CURITY NO. 17 INFORMANT	ADDRESS	GREEN
TIMO		YES NO OR UNKNOWN) (IF YES GI	219-74-	4248 DOROTHY T.	BROCKETT DAUGHT	ER SAME AS 13
BAL totale bytes begin et, th		PART I. DE ATH WAS CAUSE	nly one couse per line to (a), (b), a	nd (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TS To See 1			TE CAUSE (a)	V FALURA		
STOR		Conditions, if any, which	DUE TO, OR AS A CONSEO	UENCE OF		
2 1 111		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	IENICE OF		
N I A STORY		underlying cause lost	(c)	DENCE OF		
A	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
ECOR.	HICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 206	F YES, WERE FINDINGS USED
3 31 1117	CERTIF				YES NO	ERTIFYING CAUSES OF DEATH?  YES NO NO
4 4 1 9	1200	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR 210 HOW INJURY OCCU	URRED (ENTER NATURE OF INJURY IN ITE	M 18 PARI I ORPARI 2)
ON C ding by cor or then	EDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	211 LOCATION		
WISH Contract of the contract	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY OFFICE		CITY OR TOWN	COUNTY STATE
A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		22a I certify that (1) (this hase	ytal) attended the deceased from	0 1 19.07	0,10 3/12	. 19 15 that (1) (we) fast
# 1 E 2 E 2 E			at] view the body after death.		an death accurred on the date and	d hour and from the causes stated
1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		776. SIGNATURE		DEGREE		220 DAJE SIGNED
HOSPITA HUNGED A THE SIGN OFFANT		HOPHYSICANIS NAME (TIPE	OR PRINT)	PHYSICIAN 22 ADDRESS	DIRECTOR PHYSICIAN	1011100
08 025 9		Magar	46	10801 %	come sue, or	(ue offing M
er canes	230 E	BURIAL, CREMATION, REMOVAL	236 DATE 23c	NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	4
nn					CITTORTOTTI	COUNTY STATE
BP DHMH - 16 50M 1/81	E	BURTAL	MAR 16 1985 NE IS J. COLLINS	W MAPLEWOOD CEMET	ERY DURHAM DUR	HAM NORTH CAROLINA GISTRARIS SIGNATURE JULIANON-MONTE

Dilancon Ala

1-1-2-5-12 - 12-15-15 - 12-15-15 Service Committee of the service of beated in death contact in the death of 

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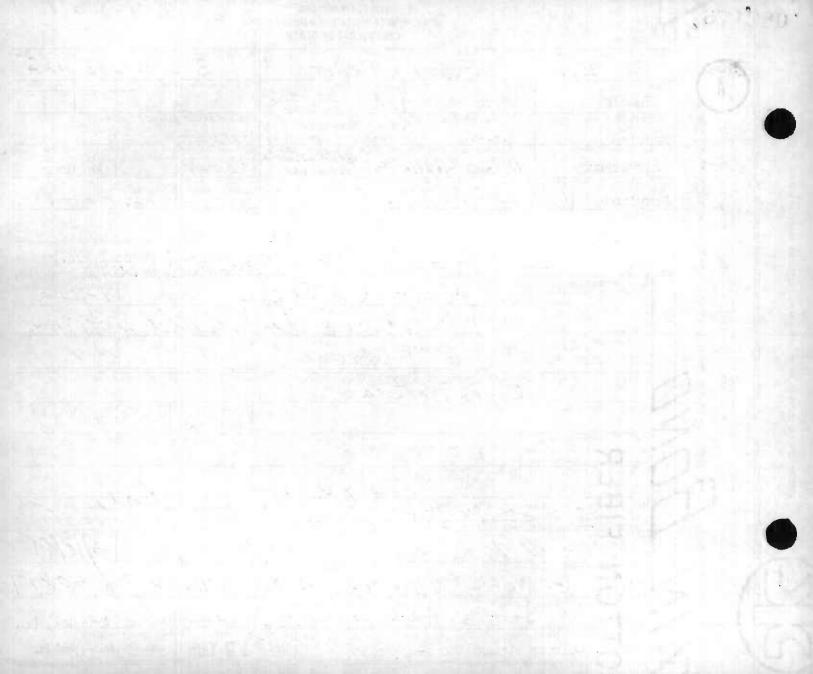
### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR					REG. NO	O			
	CEASED NAME FIRST	MIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY YEAR	76 HOUR	
2.65	EVA	L UGENIA	/	ROTT		- Q	10	- 83	IF UNDER 24	A M
3. SE.	remale	White	5. DATE C	H DAY	YEAR	6. AGE (IN YEARS LAST BIRT		MONTHS DAYS		MIN.
	IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	July		1889	95 9 BALTIMORE CITY O		Y OF DEATH		
	COUNTRY)	U.S.A.		D NEVER M				OFFERM		
	iry land ity or town of DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME (	OR OTHER INST	ORCED TUTION	Montgomery 12a USUAL OCCUPATE		126. KIND O	F BUSINESS	S OR
Ga	ithersburg	WIJON HEALTH	DDRESS)	Garth.		Housewife		Own	Home	
USU.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		0					HOINE	
	Level	comery Gaithersh		YES X	NO [	301 Russel		$\frac{1}{2}$ Zip 20	760	
14. FA	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S	MAIDEN NAM			LAS1		
	John V	. Sherber	+		Julia	Ann		Cros		
		RMED FORCES? 166. SOCIAL SECU	RITY NO.	17. INFORMAT	Method	ist Home-30	SS 1 Puc	10011 A	0	
	No	- 220-44-9	065	ASDULY	G	aithersburg	- Md	20760		
	18. CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one couse per line (or (a), (b), one	d (c).)	0 0-1	50.0	)	,		MATE INTERVA	AL EATH
		TE CAUSE (o)	ma	av	a fel	y		2 9	ena	
	DUE TO ON AS A PONSEQUENCE OF WITTER COMPANY COMPANY									
	Conditions, if ony, which gove rise to immediate									
	couse (o), stating the underlying couse lost.									
		( Ic)CONDITIONS CONTRIBUTING TO D	EAPL DUT	SIOT DELATED	TO THE TERM	INAL DISEASE OR CONI	NITION OF	PALINI DADY 1		
NO	PART 2 OTHER SIGNIFICANT	O MA / A	TI	NOT RELATED	IO THE TERM	INAL DISEASE OR CON	JIIION GI	VEN IN PART 110	,	
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?		S, WERE FINDIN		
TIFIC	and the state of the					YES NO		FYING CAUSES	OF DEATH	?
	710. ACCIDENT WAS UNDERLYING	716. TIME OF INJURY	Y YEAR	21c HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM IB	PART   OR PART 2)		
CAL	OR CONTRIBUTING CAUSE OF DEA	AIII	19							
MEDICAL	714 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	THE LOCATIO	N	CITY OR TO	VN	COUNTY	STAT	ATE.
~	AT WORK NOT WHILE AT WORK		1	AV			1	1		
	27a I certify that (1) (this hospi		0	-61	19	, to	MI	4	that (I) June	Tast
	sow the deceased olive on above, (1 (wo) (did) (did no	r) view the body after depth.			out opinion d	leoth occurred on the do	te ond hou	-	and the second	ed
	TIN SIGNATURE	GNATURE 71. DAY SIGNED								
	74 PHYSICIAN'S NAME (TYPE	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA								
	Thes (2.	WARD 1111	1. R	MININ	wood	B14606	Na	m/ 2	08	1-
	BURIAL, CREMATION, REMOVAL	23b DATE 23c N	IAME OF C	EMETERY OR C	REMATORY	23d LOCATION	11	71	0 '	-
	Burial			hip Met		Friendsh	in(An	ne Arun	del) I	Md.
24 FU	UNERAL DIRECTOR	17-		M 71				(RAR'S SIGNATI		
Ri	chard A. Colema	n Funeral Home-M	1. 20	772	MAL	1 2 1985	revisad	purchan-A	anders	

DHMH - 16 50M 4/83

(VRA 15, 4)



STATE OF MARYLAND

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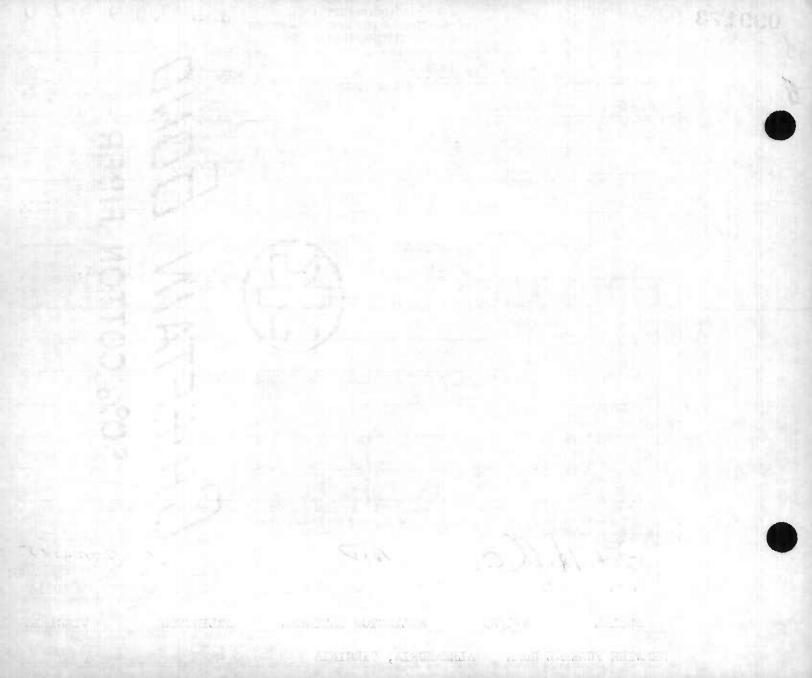
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081023	_ FOR			TE OF MARYLAND HEALTH AND MENTAL HYO	5 0	9007
n	- STATE REGISTRAR			FICATE OF DEATH	REG. NO.	
D /	I DECEASED NAME	FIRST MIDD	lE	LAST	20. DATE OF DEATH MONTH	, CAY YEAR 26. HOUR
9 0 d	THE OWNER A	,	Tuc	FPP	3 /	12/85/234/9
You do	I SEX DO	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
4 00	female	white	MON	7 17 1890	94 YR	MONTHS DAYS HOURS MIN.
d ni	PR. BIRTHPLACE (STATE O	OREIGN 76. CITIZEN OF WH	T COUNTRY?	ED NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH
	Russia	W>/-	WIDOV	VED DIVORCED	Montgor.	
21/2//	O CITY OR TOWN OF D		PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION  11YPE OF WORK FOR MOST OF WORKIN	JAN. KIND OF BUSINESS OR
13 50	Defnesdo	Subu		os y).	Housewife	Own Home
11 4/4	130 STATE	RSING HOME OR OTHER INSTITUTION GIVE	CITY OR TOWN	134. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CO	
5 38	MU 14 FATHER'S NAME	montgomery 1	Kockville	15. MOTHER'S MAIDEN NA	D. A. VIII	e rd 20002
19/6/	FIRST	WIDGLE	LAST	FIRST	WIDDLE	IAST
12/3//	IA WAS DECEASED EVE	R IN U.S. ARMED FORCES? 166	SOCIAL SECURITY NO.	Rachel 17 INFORMANT	ADDRESS	Horowitz
1 00 p	(YES, NO OR UNKNOWN)	INF YES, GIVE VAR OR GATES)	77-28-5013			
1 1 1/	no			ISally Roseni	eld 3709 S. Geo	Mason Dr. F.C.  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
de de de	PART I. DEATH	WAS CAUSED BY:	ardis semi	Shock		BETWEEN ONSET AND DEATH
900		IMMEDIATE CAUSE (a)	V	1 /		2
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100000	gave rise to it	mmediate				
othe other	underlying cau		S A CONSEQUENCE OF			
en pie en pie burn uny, or		SNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART Tra
149 6	190 DATE OF OPER	ATION 195 CONDITIC	N FOR WHICH OPERAT	ON WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
5 5 2 2 1	E IN DATE OF STATE	7,10		or tho fell onne		PETIFYING CAUSES OF DEATH?
9 5 5 6 5	210. ACCIDENT WAS L			21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	
1 111 0	OR CONTRIBUTIONS	J emose or bearing	MONTH DAY YEA			
S No. o	(IF ETHER NOTIFY ME	JRRED 21e. PLACE OF	INJURY	211 LOCATION		
1 1 2 2 3	- datiff MO	WHILE AT HOME, STREET,	FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
P P P P P P P P P P P P P P P P P P P		(this haspital) attended they de	eceased fram	1 85 19		_, 19_85_, that (1) (we) last
2 de 0 de 0 de 1 de 1 de 1 de 1 de 1 de 1	sow thatefore	7/1	10 85	and that in my (aur) apinian	death occurred an the date and	naur and from the causes stated
1 2 2 2 2 5	276 FISH ANDRE	O TOO HELD THE COLLY CHIL	H. GRUTTI.	DEGREE		22c. DATE SIGNED
2 2 2 2 1	Vite	5 Sherer		MY ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	3/13/83
7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	PHYSICIAN'S	NAME TYPE OF PRINT	0	22e. ADDRESS	^ )	1 D 200
Paris de la company de la comp	leter b.	Sherer	mo	3947 ferra	ra by. When	iten, ma 10
5 2213	23a BURIAL, CREMATION	N, REMOVAL 236 DATE	23¢ NAME OF	CEMETERY OR CREMATORY	23d LOCATION City or town	COUNTY STATE
BP	Burial	03/14/8	5 King D	avid Mem. Park	Falls Churc	h , VA
H - 16 50M 4/83	24 FUNERAL DIRECTOR		ACIORESS	2000	TE REC'D. BY REGISTRAR 255 REC	ISTRAR'S SIGNATURE
(VRA 15, 4)	Ives-Pearso	n Funeral Homes	, Falls Chu	rch, VA	I DE COM O SULLE	Davidson Bandalle .

e du al



STATE OF MARYLAND - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENI CERTIFICATE OF DEATH

REG. NO MIDDLE 20 DATE OF DEATH 26 HOUR Nicholas Turiano 04 1985 March 2:30 0 N 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) Nov 10 1919 65

Male Caucasian To. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY?

4 RACE

MARRIED T NEVER MARRIED New York WIDOWED 18 CITY OR TOWN OF DEATH

DIVORCED [ 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OT IN SUCH FACILITY, GIVE STREET ADDRESS) Naval Hospital

13d. INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN NAME

Antonetta

Montgomery 170 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired U.S.A.F.

13e STREET ADDRESS / ZIP CODE

9735 NW 52nd St.

MIDDLE

BALTIMORE CITY OR COUNTY OF DEATH

BE CITY OR TOWN Florida Dade Miami 4 FATHER'S NAME

Anthony

MIDDLE Vincenzo Turiano 60 WAS DECEASED EVER IN U.S. ARMED FORCES?

1940- 1966

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

IMMEDIATE CAUSE (a)\_

166 SOCIAL SECURITY NO

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

17 INFORMANT 092-16-5894 Patricia L. Turiano Great Falls, VA

Coira ADDRESS 709 Clear Springs Rd.

> 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost

90 DATE OF OPERATION

PART I. DEATH WAS CAUSED BY

Adeno Carcinoma of Lung

Respiratory Arrest

DUE TO OR AS A CONSEQUENCE OF

DUE TO OR AS A CONSEQUENCE OF

REGISTRAR

DECEASED NAME

Bethesda

Yes NO OR UNKNOWN

LIYPE OR PRINTS

3. SEX

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

23b. DATE

21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FARM ETC.)

211 LOCATION

March

DEGREE

Dur Lady of Mercy

CITY OR TOWN March 4

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

200 AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)

saw the deceased alive on\_ March 4 10 85

22a I certify that (\* (this hospital) attended the deceased from

MA

PHYSICIAN DIRECTOR PHYSICIAN IL

22c. DATE SIGNED Naval Hospital, Naval Medical Command

22d PHYSICIAN'S NAME (TYPE OF PHET) E. S. Killeavy

230 BURIAL CREMATION REMOVAL

NOT WHILE

National Capital Region, Bethesda, MD 20814 23c NAME OF CEMETERY OR CREMATORY

Miami, FL

reia Dayason-M

STATE

Rurial 24 FUNERAL DIRECTOR

SPECIFY

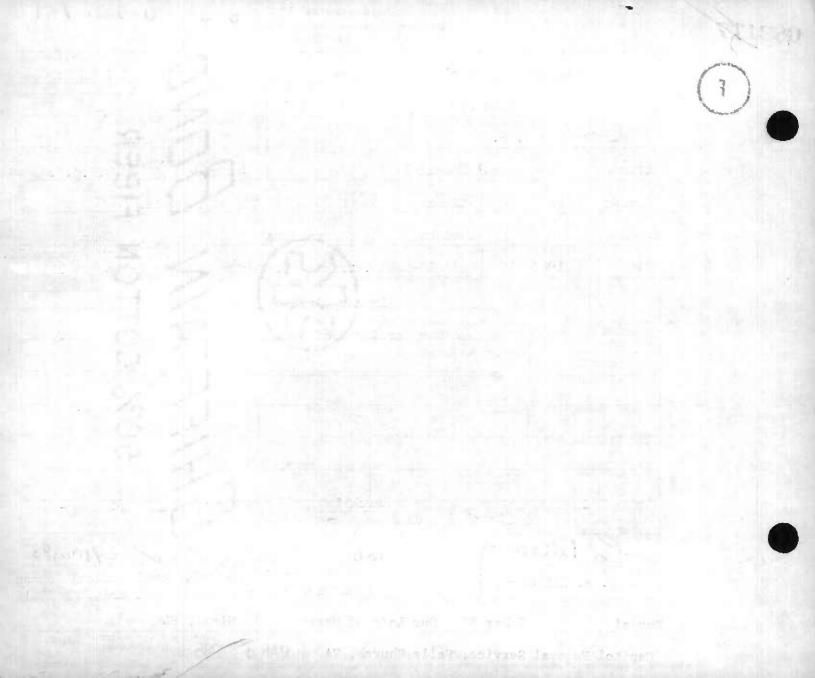
CERTIFICATION

DHMH - 16 60M 7/84 (VRA 15, 4)

the b

7 Mar 85 Capitol Funeral Service, Falls Church, VA

250 DATE REC'D. BY REGISTRAR 286. REGISTRAR'S SIGNATURE .....



BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DREM. STEIN HEBREW MEMORIAL FUNERAL HOME

CARROLL STREET, N. W., WASHINGTON, D. CA

DHMH - 16 50M 4/83 (VRA 15, 4)

SCISSING SCISSING 2, 1, 3 DESCRIPTION OF THE PROPERTY OF X BENEFIT SECTION OF THE SECTION OF 3131 - LEET APPLE NEWSTER -- EARLIGIE 215-37-57:59 HWV. E. SLOWED A TOWNED - ER-TOWN ERE, BEELS CH.7, 1985 EDUCE ENER CH. MAR D., INC. - 130-R EDEED, M. CHELL, MAR

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND

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	CI	FR	T	IF	IC	Δ	TE	OF	DEA	T	H			

	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	D.			
	1. DECEASED NAME (TYPE OR PRINT)  GE		STANTINOS		ACHAMIDES	MARCH 5. 1	DAY YEAR	26. HOUR 1:50P M			
	3. SEX MALE		4. RACE WHITE		5 DATE C		6. AGE   IN YEARS LAST BIRT	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.		
7	78. BIRTHPLACE (STATE OF GREECE	FOREIGN	GREECI		WIDOWE		9 BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY COUNTY MD				
	BETHESDA	ATH	(IF NOT IN SUC	HOSPITAL, NURSIN HEACTLITY, GIVE STREET A HE CLINIC	ADDRESS)	NTER	126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Student				
7	USUAL RESIDENCE (1F NUE 130 STATE GREECE	ROTHER INSTITUTION, NTY	GIVE RESIDENCE BEFORE 134. CITY OR TOW ATHENS		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP CODE 10-12 AGATHIOU STREET			19999		
)	CONSTAIL	n+in	MIDDLE	Vacha	nides	Demit	ME MIDDLE		MAK	Ri	
3	160 WAS DECEASED EVER IN U.S. ARMED FO (YES, NO OR UNKNOWN)   18 YES, GIVE WAR OR			166 SOCIAL SECU		MRS. DEMITRA	ADDRE VACHAMIDES		HER)	SAME	
	18 CAUSE OF DEA PART I. DEATH V	WAS CAUSE	nly one couse per D BY: TE CAUSE (o)			AN FROM CARDI	OPULMONARY I	BYPAS	BETWEEN	IMATE INTERVAL ONSET AND DEATH	
	Conditions, if on		DUE TO, O	R AS A CONSEQUE PULMONIC							
	couse (a), state underlying cous	ing the	DUE TO, OI	O, OR AS A CONSEQUENCE OF TETRALOGY OF FALLOT							
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN TORN AORTIC LEAFLET									
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MPORTANT: If He

71a ACCIDENT WAS UNDERLYING

22a I certify that XI) (this hospita

sow the deceased alive-on

21d INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M.

71e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM ETC.)

236. DATE

DEGREE

PHYSICIAN ROCKVILLE PIKE, BETHESDA, MARYLAND

211 LOCATION

MEDICAL STAFF

MARCH

CITY OR TOWN

XX (our) opinion death occurred on the date and hour and from the causes stated 224 DATE SIGNED HEALTH

STATE

COUNTY

23a. BURIAL, CREMATION, REMOVAL

22b SIGNAT

22d PHYSICIAN

(SPECIFY) Remova

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached fo with the State Dept of FUNERAL DIRECT

23d LOCATION

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)



The state of the s

077163 STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR 1985 Marion R. Von Doenhoff 8 March 3 SEX 4. RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR Female White Nov. 1909 To BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New Hampshite U.S.A. Montgomery WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Bethesda 5225 Pooks Hill Road Teacher Public Schools USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13t. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Montgomery 5225 Pooks Hill Road Bethesda Md. NO [ 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Ira Herbert Abbott Mary Catherine Costelle 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Gaithersburg. Md. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 231-38-5299 Richard A Von Doenhofff. 26 Oak Shade Rod APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Metastatic Carcinoma Breast 6 years IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID DIVISION OF VIT AL RECORDS, CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from sow the deceased alive above. (1) (bye) (did (did not Driew the and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [ March 8, 1985 should be o 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 3301 New Mexico Ave. N. W. MPORT Charles P. Duvall Washington, D. C. 20016 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE (SPECIFY) Parklawn Memorial Park Cemetery Rockville, Md. Burial 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S Joseph Gawler's Sons Inc. DHMH - 16 50M 4/83 5130 Wisc. Ave., N.W. Wash. D.C. (VRA 15, 4)

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE		DEPARTM		HEALTH AND MENTAL HYGIENE IFICATE OF DEATH						
		REGISTRAR						REG. NO.				
V		CEASED NAME FIRST	7111	MIDDLE			- 2	20 DATE OF DEATH				
٦	HRMENIA			Frances	MADE		MAIC	IF UNDER 1 YEAR	8 - M			
J	3. SEX		4 RACE		5. DATE C	DAY YEAR	R	AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	HOURS MIN.		
		Female	Caucas		Apri	11 13, 1914			RS			
2		RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER MARRIED			BALTIMORE CITY OR COL				
2		Virginia		States	WIDOWED TO DIVORCED			Montgomery Co				
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Rockville Coll				ngswood Nu		g Center		Homemaker	Own	Own Home		
Z	15UA 30 S	AL RESIDENCE (IF NURSING HO)	ME OR OTHER INSTITUTION	13c. CITY OR TOW		134 INSIDE CITY LIMI	ITS?	3e STREET ADDRESS / ZIP (		ve 20851		
2	Ma	ryland Mon	ntgomery	Rockvill	Le	YES X NO		14643 Bauer 1	Drive			
1	14 FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDE	ENNAME	MIDDLE	IA.	.ST		
		William	Thomas	*** **					Bowe	Bowers		
,		VAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	Son	ell Place	ll Place			
		No	is, one war or pares,	578 01 39	978	Donald L.	MAryland	20744				
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П			AUSED BY: DIATE CAUSE (a)	Cause per line for (a), (b), and (c)				- BICHIN	61	6MO		
		1/4//4/12										
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		gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF										
		underlying cause lost.										
	- 1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART										
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1	CERTIFICATION	190 DATE OF OPERATION	196 CONE	196 CONDITION FOR WHICH OPERATION WAS PER				20a AUTOPSY? 20b	F YES, WERE FIND	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO		
(	IF.							YES NOW	YES			
9	CER	210. ACCIDENT WAS UNDERLYIN	110110	OF INJURY	21c. HOW INJURY O	CCURRE	D (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)				
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	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED		21e PLACE	21e PLACE OF INJURY		211 LOCATION		CITY OR TOWN	COUNTY	STATE		
	Z	WHILE NOT WHILE T	] IAT HOME S	TREET FACTORY, OFFICE F	SIKEET		CITORIONA		3.276			
		220 I certify that (f) (this	haspital) attended t	he deceased from_	24	JAN 19	85	10 23 MA	12.19.85	that (I) (wetlast		
Ш		sow the deceased oliv abave, (1) (wa) (did) (d			35.0	nd that in (my) (own of	pinion de	ath occurred on the date one	d hour and I am the	couses stated		
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		1/1/19/1	44X	180	n	ATTEND PHYSIC	ING &	MEDICAL STAFF DIRECTOR PHYSICIAN	24	May 85		
7		22d. PHYSICIAN'S NAME (	TYPE OR PRINT	10	22e ADDRESS					MD		
		WALTER E	· 6002	H MY		2309 SHOP	EFI	erd kn mi	HENTON	20902	_	
_	23a B	BURIAL, CREMATION, REMO	DVAL 236 DATE	236 1	NAME OF C	EMETERY OR CREMAT	TORY	236 LOCATION				
	(	Burial		March				CITY OR TOWN	COUNTY	STATE		
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	LE	A. Rockvil.	re. Maryl.	and 200.	70	11/	411.111	303	and the Company of the Company	Marie A. Roy		

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should be detoched for use as the with the State Dept, of Health o IMPORTANT: If Item 21 is market

(VRA 15, 4)

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